FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY 19 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P92000014373 (4)**

1. Corporation Name
ADVENTIONS, INC.

Principal Place of Business	Mailing Address
2211 N. RIVERSIDE DR. TAMPA FL 33602	PO BOX 172095 TAMPA FL 33672-0095 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/21/1992	3a. Date of Last Report: 04/20/1994
4. FEI Number: 59-3157122	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

9. Name and Address of Current Registered Agent

THOMASSET, CLIFFORD B
2211 N. RIVERSIDE DR.
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.1008 and/or 608.1008, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 14.
01/ TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT THOMASSET, CLIFFORD B 2211 N. RIVERSIDE DR. TAMPA FL	☐ Change ☐ Addition
02/ TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
03/ TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
04/ TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
05/ TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
06/ TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

14. I hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 with an address.

SIGNATURE: _____ Date _____

SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR

Daytime Phone #

0444007 FP