

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

MAY -1 AM 9:16

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P93000029339 (7)

1. Corporation Name

SKYDIVE NORTH FLORIDA, INC.

Principal Place of Business

**RT 3 BOX 68
LIVE OAK FL 32060
US**

Mailing Address

**P.O. BOX 6121
LIVE OAK FL 32060**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/20/1993

3a. Date of Last Report

04/25/1994

4. FEI Number

59-3209078

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. 190.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt #, etc

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt #, etc

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**VASS, JAY R
RT. 3, BOX 68
LIVE OAK FL 32060**

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 Sections 607.0502 and 607.1508, 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

Signature typed or printed name of registered agent and that of applicant

Signature typed or printed name of registered agent and that of applicant

Date

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY ST ZIP
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY ST ZIP
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY ST ZIP
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY ST ZIP
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY ST ZIP
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY ST ZIP
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY ST ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an Attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature of Officer