SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/2/95: $229 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
1995 AUG -2 AM 9:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000076108 (8)**

1. Corporation Name
F.Y.I. ADVENTURES, INC.

Principal Place of Business	Mailing Address
1601 NE 25TH AVE. OCALA FL 34470	6150 SE 5TH PLACE OCALA FL 34472

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/03/1993
3a. Date of Last Report: 08/22/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26: 524 SE 61 CT.
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28: Ocala, FL
Zip — 24
Country — 25
Zip — 29: 34472
Country — 30: Marion

4. FEI Number: 59-3223722 ☐ 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

9. Name and Address of Current Registered Agent

YOUNG, IVAN F
6150 SE 5TH PLACE
OCALA FL 34472

10. Name and Address of New Registered Agent

91 Name: Young Ivan F.
92 Street Address (P.O. Box Number is Not Acceptable): 524 SE 61 CT
93
94 City: Ocala FL 95 Zip Code: 34472

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] DATE: 7-26-95
Signature, typed or printed name of registered agent and date (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PDV	11 TITLE	President / Director	☒ Change ☐ Addition
NAME	YOUNG, IVAN F	12 NAME	Ivan Frank Young	
STREET ADDRESS	6150 SE 5TH PLACE	13 STREET ADDRESS	524 SE 61 CT	
CITY-ST-ZIP	OCALA FL 34472	14 CITY-ST-ZIP	Ocala FL 34472	
TITLE	STD	21 TITLE	Vice President	☒ Change ☐ Addition
NAME	YOUNG, JEAN A	22 NAME	Ivan Douglas Young	
STREET ADDRESS	6150 SE 5TH PLACE	23 STREET ADDRESS	524 SE 61 CT	
CITY-ST-ZIP	OCALA FL 34472	24 CITY-ST-ZIP	Ocala FL 34472	
TITLE		31 TITLE	Sec, Treas.	☒ Change ☐ Addition
NAME		32 NAME	Jean A. Young	
STREET ADDRESS		33 STREET ADDRESS	524 SE 61 CT	
CITY-ST-ZIP		34 CITY-ST-ZIP	Ocala, FL 34472	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

CR2E034 (3/95)

14. I do hereby certify that the information reported with this filing 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 annual 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 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] Ivan F. Young 7-26-95 (904) 694-4560
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL FILING ON BEHALF OF CORPORATION OFFICER OR DIRECTOR — Date — Daytime Phone #

0166621 FP