

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000001615 (0)

1. Corporation Name

ADVENTURE CONCEPTS, INC.



Principal Place of Business

1516 WHEELER ROAD  
APOPKA FL 32703

Mailing Address

1516 WHEELER ROAD  
APOPKA FL 32703

3. Date Incorporated or Qualified  
01/05/1995

3a. Date of Last Report

2. Principal Place of Business

21 1721 Benbow Ct.

2a. Mailing Address

26 1721 Benbow Ct.

4. FEI Number

59-3289041

Applied For

Not Applicable

22 Suite, Apt. #, etc.  
Suite A

27 Suite, Apt. #, etc.  
Suite A

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

23 City & State  
Apopka, FL

28 City & State  
Apopka, FL

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

24 Zip  
32703

25 Country  
USA

29 Zip  
32703

30 Country  
USA

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MORROW, ROBERT J  
1516 WHEELER ROAD  
APOPKA FL 32703

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 board approval

Signature, typed or printed name of registered agent and board approval

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME MORROW, ROBERT J  
STREET ADDRESS 1516 WHEELER ROAD  
CITY - ST - ZIP APOPKA FL 32703 ☐ DELETE

TITLE D  
NAME RALPH, JOHN E SR  
STREET ADDRESS 1516 WHEELER ROAD  
CITY - ST - ZIP APOPKA FL 32703 ☒ DELETE

TITLE D  
NAME PORTERFIELD, ERNEST B  
STREET ADDRESS 2111 HIDDEN PINE LANE  
CITY - ST - ZIP APOPKA FL 32712 ☐ DELETE

TITLE D  
NAME WALTERHOUSE, H. DUANE  
STREET ADDRESS 10102 CARRINGTON CT  
CITY - ST - ZIP ORLANDO FL 32836 ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

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 119.07(3)(k), 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 unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert J. Morrow

4/20/96 4078802345

CR2E034 (12/95)