## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000032268 (1)

**GETAWAY ADVENTURES, INC.** 

## **FILED** Apr 09 1998 8:00am Secretary of State



Principal Place	9 of Business	Mailing /	Mailing Address					
18400 SAN CARLOS BLVD. FORT MYERS BEACH FL 33931		18400 SAN CARLOS BLVD. FORT MYERS BEACH FL 33931						
	<b>3</b> -1. <b>9</b> .1. 1 <b>2</b> -1.1.						DO NOT WRITE IN THIS SPACE	
							3. Date Incorporated or Qualified	
							04/25/1995	
2. Principal Pl	ace of Business	2a. Mailir	2a. Mailing Address				4. FEI Number Applied Fo	r
21		26	- <del>4 - 1 </del>				65-0586111 Not Applica	able
Suite, Apt. #, etc.		Suite	Suite, Apt. #, etc.				5. Certificate of Status Desired S8.75 Additional	)
22		27					Fee Required	
City & State		City (	City & State				6. Election Campaign Financing \$5.00 May Be	
23		28					Trust Fund Contribution	
Zip	Country	L Zip	- ·		ountry		8. This corporation owes or has paid the current year Intangible	
24	25	29		30			Personal Property Tax due June 30. Yes No	
	9. Name and Address of Currer	nt Registered	Agent				10. Name and Address of New Registered Agent	
PIT	ts, ricky r			8	ין וי	Name		
184	100 SAN CARLOS BLVD.		82			Street Address (P.O. Box Number is Not Acceptable)		
FOI	RT MYERS BEACH FL 33931						· · · · · · · · · · · · · · · · · · ·	
				8:	3			
				8	4 (	City	85 Zip Code	
				ا ا	<b>"</b>   `	City	FL S Zip Code	
11. Pursuant	to the provisions of Sections 607.050	2 and 607.150	08, Florida Statul	les, the abo	ve-n	named corp	poration submits this statement for the purpose of changing its register tion's board of directors. I hereby accept the appointment as registers	red
onice or re	egistered agent, or both, in the State m familiar with, and accept the obliq	i of Florida. Su ations of, Sect	on change was ion 607.0505, FI	autnorizea i orida Statuti	Dy τη es.	ne corporati	ison's board of directors. I hereby accept the appointment as registers	90
SIGNATURE		•	·					
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applic	able [NO]	E: Registered A	geni e	signature require	red when reinstating) DATE	— I
12.	OFFICERS AN	D DIRECTORS		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D		☐ DELETE	1.1 TITLE			Change Add	tion
NAME	PITTS, RICKY R			1.2 NAMI	E			
STREET ADDRESS	17821 REBECCA AVENUE			1.3 STRE	ET AD	DRESS		
CITY-ST-ZIP	FORT MYERS BEACH FL 339	31	,	1.4 CITY	- ST - Z	ZIP		
TITLE	D		DELETE	2.1 TITLE	:		Change Add	ition
NAME	PITTS, ROBERT E			2.2 NAMI	E			
STREET ADDRESS	11481 REBECCA AVENUE			2.3 STRE	ET AD	HORESS		
CITY-ST-ZIP	FORT MYERS BEACH FL 339	31		2. 4 CITY	- 51 -	ZIP		İ
TITLE	D		DELETE	3.1 TITLE	:		☐ Change ☐ Add	ition
NAME	PITTS, JUDITH A			3.2 NAMI	E			
STREET ADDRESS	11481 REBECCA AVENUE			3.3 STRE		DRESS		
CITY-ST-ZIP	FORT MYERS BEACH FL 339	31		3.4. CITY				ļ
TITLE		<del></del>	DELETE	4.1 TITLE			☐ Change ☐ Add	ition
NAME				4. 2 NAM			_ ,	
STREET ADDRESS				4.3 STRE	ET AN	DRESS		
CITY-ST-ZIP				4.4 CITY				
TITLE			DELETE	5.1 TITLE	_		☐ Change ☐ Add	ition
NAME				5.2 NAMI				
STREET ADDRESS				5.3 STRE		nocce		
CITY-ST-ZIP TITLE			DELETE	5.4 CITY		41	☐ Change ☐ Add	itian
							ti cuanila Ti van	10011
NAME				6.2 NAMI				
STREET ADDRESS				6.3 STRE		I		
CITY-ST-ZIP				6.4 CITY	- ST - Z	ZIP		

I hereby certify that the information supplied with this filing 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:

Quality a Pitta

941-466-8330