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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Saridra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996 **DOCUMENT #**

1. Corporation Name

P95000052141 (5)

JACKSONVILLE SKYDIVING CENTER, INC.

Principal Place of Business Mailing Address 8722 BELLE RIVE BOULEVARD 8722 BELLE RIVE BOULEVARD JACKSONVILLE FL 32256 JACKSONVILLE FL 32258 3. Date incorporated or Qualified 3a. Date of Last Report 07/06/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 21 26 Applied For 59-3324/66 Suite, Apt. #, etc. Suite, Apt. #, etc. Not Applicable 22 5. Certificate of Status Desired \$8.75 Additional 27 City & State Fee Required City & State 23 6. Election Campaign Financing 28 \$5.00 May Be Z_{1D} Trust Fund Contribution Country Z_{10} Added to Fees Country 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD R1 Name 343 ALMERIA AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) **CORAL GABLES FL 33134** 83 84 City 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Stay above, type of or printed names of region red agent and are if approvable (NOTE Registered Agent signature required when reinstalling) 12. OFFICERS AND DIRECTORS 13. PSTD 1646 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 CR2E034 (12/95) DELETE 1. 1 TITLE NAME HOWARD, EDWARD J ☐ Change ■ ☐ Addition 1.2 NAME 8722 BELLE RIVE BOULEVARD STREET ADDRESS 13 STREET ADDRESS JACKSONVILLE FL 32256 CHY ST ZIP 14 CITY - ST - ZIP THE DELETE 2 1 TITLE NAME Change ☐ Addition 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CHY-ST 7H 24 CITY - ST - ZIP LILE OELF TE 3. 1 TITLE NAME Change Addition 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CLY-ST 769 3 4 CITY - ST - ZIP THEF DELETE 4.1 DTLF NAME ☐ Change ☐ Addition 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP DIME DELETE 5 1 THILE NAME ☐ Change Addition 5 2 NAME STREET ADDRESS 5 3 STREET ADDRESS Oir 51-22 5.4 CITY - ST-ZIP 70116 DELETE 6 1 THLE ☐ Change ■ Addition 6.2 NAME STREET ADDRESS 63 STREET ADDRESS 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 appears in Block 12 or Block 13 if charged or on an all achment with an adoless.

SIGNATURE: