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FILED
May 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000092884 (2)

1. Corporation Name
AWAYSOUT, INC.

Principal Place of Business

18308 CORTEZ BLVD
BROOKSVILLE FL 34801
US

Mailing Address

P.O. BOX 10315
BROOKSVILLE FL 34809-0315
US

3. Date Incorporated or Qualified
12/05/1995

3a. Date of Last Report
07/05/1996

2. Principal Place of Business

21 29250 Lake Lindsey Rd.

Suite, Apt. #, etc.

22

City & State

23 Nobleton, FL

Zip

24 34661

Country

25 USA

2a. Mailing Address

26 Suite, Apt. #, etc.

27

City & State

28 Nobleton, FL

Zip

29 34661

Country

30 USA

4. FEI Number

65-0628745

5. Certificate of Status Desired

\$8. F

6. Election Campaign Financing
Trust Fund Contribution

May Be
Ad 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

JOHNSTON, DARRYL W
29 S BROOKSVILLE AVE
BROOKSVILLE FL 34801

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 block if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME EDWARDS, SEAN P
STREET ADDRESS P.O. BOX 10315
CITY-ST-ZIP BROOKSVILLE FL

TITLE D ☐ DELETE

NAME EDWARDS, BEVERLY R
STREET ADDRESS P.O. BOX 10315
CITY-ST-ZIP BROOKSVILLE FL

TITLE D ☐ DELETE

NAME EDWARDS, MONTE R SR
STREET ADDRESS 18308 CORTEZ BLVD
CITY-ST-ZIP BROOKSVILLE FL 34801

TITLE D ☐ DELETE

NAME EDWARDS, ANNE G
STREET ADDRESS 18308 CORTEZ BLVD
CITY-ST-ZIP BROOKSVILLE FL 34801

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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

[Signature]

2/28/97

(352) 791-9449

CR2E034 (9/96)