

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90248 050 ***150.00

DOCUMENT # P96000027607

1. Corporation Name

SKYDIVE UNLIMITED, INC.



Principal Place of Business

1606 AIRPORT RD
APARTMENT #516
FERNANDINA BCH FL 32034
US

Mailing Address

1417 SADLER RD
STE 277
FERNANDINA BCH FL 32034
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/22/1996

4. FEI Number

59-3377516

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 **110 Ocean Terrace**
Suite, Apt. #, etc.

2a. Mailing Address

26 **110 Ocean Terrace**
Suite, Apt. #, etc.

City & State

23 **Indianapolis, FL**
Zip Country

City & State

28 **Indianapolis, FL**
Zip Country

24 **32903**

25 **USA**

29 **32903**

30 **USA**

9. Name and Address of Current Registered Agent

WHORTON, J. PATRICK
3183 OWENS RD
APARTMENT #516
FERNANDINA BCH FL 32034

10. Name and Address of New Registered Agent

81 Name

Korvus, Bruce

82 Street Address (P.O. Box Number is Not Acceptable)

110 Ocean Terrace

83

84 City

Indianapolis

FL

85 Zip Code

32903

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]
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-20-99

12. OFFICERS AND DIRECTORS

TITLE **DP** ☐ DELETE
NAME **WHORTON, J. PATRICK**
STREET ADDRESS **3183 OWENS RD**
CITY-ST-ZIP **FERNANDINA BCH FL 32034**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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CITY-ST-ZIP

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 **DS** ☒ Change ☐ Addition
1.2 NAME **Whorton J. Patrick**
1.3 STREET ADDRESS **3183 Owens RD**
1.4 CITY-ST-ZIP **Fernandina Beach FL 32034**

2.1 TITLE **DP** ☐ Change ☒ Addition
2.2 NAME **Korvus, Bruce**
2.3 STREET ADDRESS **110 Ocean Terrace**
2.4 CITY-ST-ZIP **Indianapolis, FL 32903**

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 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, with all other like empowered.

SIGNATURE: *[Signature]* **Whorton, J. Patrick** **04-21-99** **904-491-1831**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)