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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>PC160000043734</u> 1. Corporation Name <u>SKYDIVING ADVENTURES, INC</u>					
Principal Place of Business <u>416 OAKMONT DR.</u> <u>MT. AIRY NC 27030</u>			Mailing Address <u>416 OAKMONT DR.</u> <u>MT. AIRY NC 27030</u>		
2. Principal Place of Business <u>Same</u> 21. Suite, Apt. #, etc. <u>22</u> City & State <u>MT. AIRY NC</u> 23. Zip <u>27030</u> 24. Country <u>USA</u> 25.		2a. Mailing Address <u>416 OAKMONT DR.</u> 26. Suite, Apt. #, etc. <u>27</u> City & State <u>MT. AIRY NC</u> 28. Zip <u>27030</u> 29. Country <u>USA</u> 30.		3. Date Incorporated or Qualified <u>5-16-96</u> 3a. Date of Last Report <u>5-16-96</u> 4. FFI Number <u>59-3379558</u> 5. Certificate of Status Desired ☐ 6. Election Campaign Financing Trust Fund Contribution ☐ 8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☒ No	
9. Name and Address of Current Registered Agent <u>RICHARD WAGNER</u> <u>416 OAKMONT DR</u> <u>MT. AIRY NC 27030</u>			10. Name and Address of New Registered Agent 81. Name <u>William J. Wagner</u> 82. Street Address (P.O. Box Number is Not Acceptable) <u>545 Riviera Drive</u> 83. 84. City <u>Tampa</u> 85. Zip Code <u>FL 33605</u>		
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 <u>Richard J. Wagner</u> <u>WILLIAM J. WAGNER</u> <u>6-24-97</u>					
12. OFFICERS AND DIRECTORS 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP 13. TITLE NAME STREET ADDRESS CITY-ST-ZIP 14. TITLE NAME STREET ADDRESS CITY-ST-ZIP 15. TITLE NAME STREET ADDRESS CITY-ST-ZIP 16. TITLE NAME STREET ADDRESS CITY-ST-ZIP 17. TITLE NAME STREET ADDRESS CITY-ST-ZIP 18. TITLE NAME STREET ADDRESS CITY-ST-ZIP 19. TITLE NAME STREET ADDRESS CITY-ST-ZIP 20. TITLE NAME STREET ADDRESS CITY-ST-ZIP 21. TITLE NAME STREET ADDRESS CITY-ST-ZIP 22. TITLE NAME STREET ADDRESS CITY-ST-ZIP 23. TITLE NAME STREET ADDRESS CITY-ST-ZIP 24. TITLE NAME STREET ADDRESS CITY-ST-ZIP 25. TITLE NAME STREET ADDRESS CITY-ST-ZIP 26. TITLE NAME STREET ADDRESS CITY-ST-ZIP 27. TITLE NAME STREET ADDRESS CITY-ST-ZIP 28. TITLE NAME STREET ADDRESS CITY-ST-ZIP 29. TITLE NAME STREET ADDRESS CITY-ST-ZIP 30. TITLE NAME STREET ADDRESS CITY-ST-ZIP 31. TITLE NAME STREET ADDRESS CITY-ST-ZIP 32. TITLE NAME STREET ADDRESS CITY-ST-ZIP 33. TITLE NAME STREET ADDRESS CITY-ST-ZIP 34. 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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: Richard J. Wagner

5-14-97 910-719-9000

CR2E034 (9/96)