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Mar 04 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000050643 (1)

1. Corporation Name
JOHN'S PASS PARASAIL, INC.

Principal Place of Business
P.O. BOX 86627
MADERIA BEACH FL 33738

Mailing Address
P.O. BOX 86627
MADERIA BEACH FL 33738-6627



2. Principal Place of Business
21 110 1/2 128th Avenue
Suite, Apt. #, etc.

2a. Mailing Address
26 Suite, Apt. #, etc.

22 City & State
23 Madeira Beach

27 City & State
28 Madeira Beach

24 Zip Country
25

29 Zip Country
30

3. Date Incorporated or Qualified
06/13/1996

3a. Date of Last Report

4. FEI Number
59-3280123

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

~~CASS, LESLIE A~~ Cass, Leslie A.
110 1/2 128TH AVE., EAST
MADEIRA BEACH FL 33708

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 type (see printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

1.1 TITLE President ☐ Change ☒ Addition
1.2 NAME Leslie A. Cass
1.3 STREET ADDRESS 110 1/2 128th Avenue
1.4 CITY - ST - ZIP Madeira Beach, FL 33708

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

2.1 TITLE Treasurer ☐ Change ☒ Addition
2.2 NAME Linda L. Cass
2.3 STREET ADDRESS 110 1/2 128th Avenue
2.4 CITY - ST - ZIP Madeira Beach, FL 33708

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

3.1 TITLE Vice-President ☐ Change ☒ Addition
3.2 NAME Daniel R. Cass
3.3 STREET ADDRESS 9799 49th Ave. N.
3.4 CITY - ST - ZIP St. Petersburg, FL 33708

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE Secretary ☐ Change ☒ Addition
4.2 NAME Linda K. Cass
4.3 STREET ADDRESS 9799 49th Ave. N.
4.4 CITY - ST - ZIP St. Petersburg, FL 33708

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 2/26/97 X(819) 391-1138

CR2E034 (9/96)