

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 23, 1999 8:00 am
Secretary of State

04-23-1999 90095 036 ***150.00

DOCUMENT # P96000055419

1. Corporation Name
SPLASHDOWN ADVENTURES, INC.



Principal Place of Business

121 CORAL WAY EAST
SUITE 4
INDIALANTIC FL 32903

Mailing Address

121 CORAL WAY EAST
SUITE 4
INDIALANTIC FL 32903

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/28/1996

4. FEI Number

59-3386927

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 4 Adams Ct.
Suite, Apt. #, etc.

2a. Mailing Address

26 4 Adams Ct
Suite, Apt. #, etc.

City & State

23 Satellite Bch, FL

City & State

28 Satellite Bch, FL

Zip

24 32937

Country

25 USA

Zip

29 32937

Country

30 USA

9. Name and Address of Current Registered Agent

PALMER, TROY S
121 CORAL WAY EAST, SUITE 4
INDIALANTIC FL 32903

10. Name and Address of New Registered Agent

81 Name Troy S. Palmer

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

83

84 City Satellite Bch

FL

85 Zip Code 32937

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME PALMER, TROY S
STREET ADDRESS 121 CORAL WAY EAST, STE 4
CITY-ST-ZIP INDIALANTIC FL 32903

TITLE S ☐ DELETE

NAME FOX, LISA C
STREET ADDRESS 121 CORAL WAY E STE 4
CITY-ST-ZIP INDIALANTIC FL 32903

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
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 PD ☒ Change ☐ Addition

1.2 NAME Palmer, Troy S.

1.3 STREET ADDRESS 4 Adams Ct

1.4 CITY-ST-ZIP Satellite Bch, FL 32937

2.1 TITLE S ☒ Change ☐ Addition

2.2 NAME Fox, Lisa C

2.3 STREET ADDRESS 4 Adams Ct

2.4 CITY-ST-ZIP Satellite Bch, FL 32937

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: Lisa C Fox SIGNATURE: Troy S Palmer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/99

Date

407-779-3236

Daytime Phone #

CR2E034 (11/98)

01/13/01