

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

FILED
Feb 27 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000086684 (3)

1. Corporation Name
EXPEDITIONS, INC.

Principal Place of Business
310 ELMIRA STREET
MILTON FL 32570

Mailing Address
310 ELMIRA STREET
MILTON FL 32570-6770



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/18/1996		3a. Date of Last Report	
21. State, Apt. #, etc.	26. State, Apt. #, etc.	4. FEI Number 59-3408359		Applied For		Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>		8.75 Additional Fee Required			
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		5.00 May Be Added to Fees			
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BYROM, JENNIFER 310 ELMIRA STREET MILTON FL 32570				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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARDSON, JAMES L		1.2 NAME				
STREET ADDRESS	400 WILLING STREET		1.3 STREET ADDRESS				
CITY-ST-ZIP	MILTON FL 32570		1.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE	Vice-President			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BREWER, TODD		2.2 NAME	Todd Brewer			
STREET ADDRESS	1801 W DETROIT BLVD.		2.3 STREET ADDRESS	310 Elmira St.			
CITY-ST-ZIP	PENSACOLA FL 32534		2.4 CITY-ST-ZIP	Milton Fl 32570			
TITLE	D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARVEY, JASON		3.2 NAME				
STREET ADDRESS	1301 W DETROIT BLVD.		3.3 STREET ADDRESS				
CITY-ST-ZIP	PENSACOLA FL 32534		3.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	President			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			4.2 NAME	Jennifer Byrom			
STREET ADDRESS			4.3 STREET ADDRESS	310 Elmira St.			
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Milton Fl 32570			
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			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 in an attachment with an address.

SIGNATURE: _____ DATE: 2/5/97 DAYTIME PHONE: (904) 623-4347

CR2E034 (9/96)