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FILED
May 05 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P96000090683 (9)

1. Corporation Name

ALLISON GOLDEN ADVENTURES, INC.



Principal Place of Business

Mailing Address

~~610 W. EDWARD MCLEOD, P.A.
601 S. ORANGE AVE., SUITE 1010
ORLANDO FL 32801~~

~~610 W. EDWARD MCLEOD, P.A.
601 S. ORANGE AVE., SUITE 1010
ORLANDO FL 32801~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/01/1996

4. FEI Number

59-3441669

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 or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 24831 NE 136th LANE

Suite, Apt. #, etc.

22 City & State

23 SALT SPRINGS, FL

Zip

24 32134

Country

25 MARION

City & State

Zip

26

Country

27

City & State

Zip

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City & State

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City & State

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City & State

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City & State

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Country

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City & State

Zip

42

Country

43

City & State

Zip

44

Country

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City & State

Zip

46

Country

10. Name and Address of New Registered Agent

81 Name

Same

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

1551 Sandspur Rd.

83

84

City Maitland

FL

85

Zip Code 32751

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

W. Edward McLeod

(NOTE: Registered Agent signature required when reinstating)

2/6/98

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D JONES, RANDALL L

STREET ADDRESS 4740 N.W. 64TH STREET

CITY-ST-ZIP OCALA FL 34482

TITLE ☐ DELETE

NAME D SCOTT, GREGORY A

STREET ADDRESS 27 REDWOOD TRACK PASS

CITY-ST-ZIP OCALA FL 34472

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

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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.

SIGNATURE: Randall L Jones

4/22/98 (25) 402-9819

CR2E034 (10/97)