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Jun 26 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 # P96000095886 (3)

1. Corporation Name

ADVENTURE ASSOCIATION, INC.

Principal Place of Business

3766 SOMMERS STREET
JACKSONVILLE FL 32238
US

Mailing Address

P.O. BOX 14199
JACKSONVILLE FL 32205
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 3766 SOMMERS STREET
Suite, Apt. #, etc.

22 City & State

23 JACKSONVILLE FL
Zip Country

24 32205 25 USA

2a. Mailing Address

26 P.O. BOX 14199
Suite, Apt. #, etc.

27 City & State

28 JACKSONVILLE FL
Zip Country

29 32238 30 USA

3. Date Incorporated or Qualified

11/18/1996

4. FEI Number

59-3433877

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Trust Fund Contribution

☐

Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

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

N/A

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

N/A

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 NAME STREET ADDRESS CITY-ST-ZIP

D (correct) LESKO, DIANE E (correct) P.O. BOX 14199 (correct) JACKSONVILLE FL 32238

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D (correct) LESKO, DIANE E (correct) 941 DUSKIN DRIVE (correct) JACKSONVILLE FL 32216

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE (SAME) 1.2 NAME (SAME) 1.3 STREET ADDRESS (SAME) 1.4 CITY-ST-ZIP (SAME)

D - (SAME) LESKO, DIANE E. (SAME) NA PO. BOX 14199 (SAME) 32238 (SAME) JACKSONVILLE, FL

2.1 TITLE (SAME) 2.2 NAME (SAME) 2.3 STREET ADDRESS (SAME) 2.4 CITY-ST-ZIP (SAME)

D - (SAME) LESKO, DIANE E (SAME) 941 DUSKIN DRIVE (SAME) JACKSONVILLE, FL

3.1 TITLE (ADD) 3.2 NAME ZIP ONLY 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

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

6.1 TITLE 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: Diane E. Lesko, 4-28-98/964-724-2258