~~FILE~~ NOW: FILING FEE AFTER MAY 1ST IS $550.00

FILED
Jun 03 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 # P97000026945

1. Corporation Name

Adventure Guides, Inc.

Principal Place of Business | Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 3/20/97

2. Principal Place of Business
21: 1295 Grand Canal Drive
22: Suite, Apt #, etc.
23: City & State: Naples, FL
24: Zip: 34110
25: Country: USA

2a. Mailing Address
26: 1295 Grand Canal Drive
27: Suite, Apt #, etc.
28: City & State: Naples, FL
29: Zip: 34110
30: Country: USA

4. FEI Number: 59-3449383 ☐ 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

9. Name and Address of Current Registered Agent

Whipple, Paul
170 Turtle Lake Court Apt 303
Naples, FL 34109

10. Name and Address of New Registered Agent

81 Name: Crane, Trevor
82 Street Address (P.O. Box Number is Not Acceptable): 1295 Grand Canal Drive
83:
84 City: Naples **FL** 85 Zip Code: 34110

11. Pursuant to the provisions of Section 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 and capacity of person signing), Trevor Crane, Director (NOTE: Registered Agent signature required when reinstating) DATE: 5/20/98

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	Director	☒ DELETE	1.1 TITLE	Director	☒ Change ☐ Addition
NAME	Whipple, Paul		1.2 NAME	Crane, Trevor	
STREET ADDRESS	170 Turtle Lake Ct # 303		1.3 STREET ADDRESS	1295 Grand Canal Drive	
CITY-ST-ZIP	Naples, FL 34109		1.4 CITY ST ZIP	Naples, FL 34110	
TITLE	Director	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	Crane, Trevor		2.2 NAME		
STREET ADDRESS	170 Turtle Lake Ct # 303		2.3 STREET ADDRESS		
CITY-ST-ZIP	Naples, FL 34109		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME	600002549386 -06/05/98--01090--017 ***150.00	
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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: _____ Trevor Crane
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/20/97 (941) 564-5686
Date Daytime Telephone #