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FILED
May 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000045104 (1)**
1. Corporation Name

EXPEDITION ENTERPRISES, INC.

Principal Place of Business

**3400 S. TAMiami TRAIL
SARASOTA FL 34239**

Mailing Address

**3400 S. TAMiami TRAIL
SARASOTA FL 34239**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/21/1997

4. FEI Number

59-3448420

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

21 8070 Monticello Lane

Suite, Apt. #, etc.

22

City & State

23 Sarasota, FL

Zip

24 34243

Country

25 USA

2a. Mailing Address

26 997 US 41 Bypass N

Suite, Apt. #, etc.

27

City & State

28 Venice Florida

Zip

29 34292

Country

30 USA

9. Name and Address of Current Registered Agent

**RIDDELL, JEFFERSON F
3400 S. TAMiami TRAIL
SARASOTA FL 34239**

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DP** ☐ DELETE

NAME **Michele Lynn Bowman**
STREET ADDRESS **8070 Monticello Lane**
CITY-ST-ZIP **Sarasota, FL 34243**

TITLE **DVP** ☐ DELETE

NAME **Matthew D. Edwards**
STREET ADDRESS **8070 Monticello Lane**
CITY-ST-ZIP **Sarasota, FL 34243**

TITLE **DS** ☐ DELETE

NAME **Kellie Ann Humphrey**
STREET ADDRESS **168 Little Robin Rd.**
CITY-ST-ZIP **Amherst, NY 14228**

TITLE **DT** ☐ DELETE

NAME **Robin Shawn Humphrey**
STREET ADDRESS **168 Little Robin Road**
CITY-ST-ZIP **Amherst, NY 14228**

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)(l), 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

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