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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700064671 (5)

NAT AND DOUG'S EXCELLENT ADVENTURE, INC.

Principal Place of Business

Mailing Address

FILED Jan 16 1998 8:00am Secretary of State



946 RIVERSIDE DR. 946 RIVERSIDE DR. HOLLY HILL FL 32117 HOLLY HILL FL 32117 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/25/1997 2a. Mailing Address Principal Place of Business FEI Number Applied For Not Applicable Suite, Apt. #, etc. \$8.75 Additional Certificate of Status Desired Fee Required 22 City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution Country 8. This corporation owes or has paid the current year Intangible 29 30 Personal Properly 1ax due June 30. Yes Yes □ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name KNELLER, DOUGLAS 946 RIVERSIDE DR. 82 Street Address (P.O. Box Number is Not Acceptable) **HOLLY HILL FL 32117** 83 84 City 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 Signature, typical or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstaturg) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Change ☐ Addition DELETE 11100 TITLE KNELLER, DOUGLAS 1.2 NAME NAME 946 RIVERSIDE DR. STREET ADDRESS 1.3 STREET ADDRESS HOLLY HILL FL 32117 1.4 CITY - \$1 - 7IF CITY-ST-ZIP ☐ Change DELLIE Addition 2.1 TITLE TITLE DINITZ, NATHAN NAME 2.2 NAME 946 RIVERSIDE DR. STREET ADDRESS 2.3 STREET ADDRESS HOLLY HILL FL 32117 CITY - ST - ZIP 2.4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CHY-S1-7/P CITY - ST - ZIP DELETE 4.1 TITLE Change Addition TITLE 4.2 NAMI NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CHY-ST-ZIP DELETE Change Addition THEF 6.1 THLE 6.2 NAME NAME 63 STREET ADDRESS STREET ADDRESS 64 CITY-ST-ZIP CHY-ST-7P

14. 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 of supplementation 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 of the required empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changes, or on an attachment with an address.

مرارم