

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90149 024 ***150.00

DOCUMENT # P98000053513

1. Corporation Name

AFFORDABLE OUTDOOR ADVENTURES, INC.

Principal Place of Business

4708 TREVI DRIVE
JACKSONVILLE FL 32257

Mailing Address

4708 TREVI DRIVE
JACKSONVILLE FL 32257

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/16/1998

4. FEI Number

59-3516444

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 the current year Intangible
Personal Property Tax.

☐

☐

No

9. Name and Address of Current Registered Agent

HOLM, MALLORY GAYLE
C/O LEBOEUF, LAMB, GREEN & MACRAE, L.L.P.
50 N. LAURA ST. SUITE 2800
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

Meredith Allen Hernandez
P.O. Box 24668
Jacksonville,
FL 32241

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named
office or registered agent, or both, in the State of Florida, on 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

Meredith Allen Hernandez
Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when amending)

DATE

3/15/99

12.

OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
D HOLM, STEPHEN Z
STREET ADDRESS
4708 TREVI DRIVE
CITY-ST-ZIP
JACKSONVILLE FL 32257

TITLE ☐ DELETE

NAME
D HOLM, MALLORY GAYLE
STREET ADDRESS
4708 TREVI DRIVE
CITY-ST-ZIP
JACKSONVILLE FL 32257

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, with all other like empowered.

SIGNATURE:

Stephen Z Holm
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/99

Date

Daytime Phone #

(904) 288-8999

CR2F034 (11/98)

0043942