

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

**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90226 029 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P98000088096

1. Corporation Name  
**VOLUSIA PAINTBALL ASSOCIATION, INC.**



Principal Place of Business: 536 ALICE PLACE, SOUTH DAYTONA FL 32119  
 Mailing Address: POST OFFICE BOX 214515, SOUTH DAYTONA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**10/15/1998**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21	306 BIG TREE ROAD	26	306 BIG TREE ROAD	59-3537729	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22		27		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State		City & State		8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
23	SOUTH DAYTONA FL	28	SOUTH DAYTONA FL		
24	Zip 32119	29	Zip 32119		
25	Country USA	30	Country USA		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
AMERILAWYER 343 ALMERIA AVENUE CORAL GABLES FL 33134				81 Name	Michael Medders		
				82 Street Address (P.O. Box Number is Not Acceptable)	903 CHARLES STREET		
				83			
				84 City	PORT ORANGE	FL	85 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] MICHAEL D. MEDDERS DATE: 4/26/99

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BECKMAN, RICHARD III			1.2 NAME			
STREET ADDRESS	536 ALICE PLACE			1.3 STREET ADDRESS			
CITY-ST-ZIP	SOUTH DAYTONA FL 32119			1.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		2.1 TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MEDDERS, MICHAEL			2.2 NAME	MEDDERS, MICHAEL		
STREET ADDRESS	536 ALICE PLACE			2.3 STREET ADDRESS	903 CHARLES STREET		
CITY-ST-ZIP	SOUTH DAYTONA FL 32119			2.4 CITY-ST-ZIP	PORT ORANGE FL		
TITLE	STD	<input type="checkbox"/> DELETE		3.1 TITLE	VSTD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROWDON, FRANK			3.2 NAME	FRANK ROWDON		
STREET ADDRESS	536 ALICE PLACE			3.3 STREET ADDRESS	1 ASPEN STREET		
CITY-ST-ZIP	SOUTH DAYTONA FL 32119			3.4 CITY-ST-ZIP	DAYTONA BEACH FL 32124		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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: [Signature] DATE: 4-26-99 DAYTIME PHONE #: 904-760-0043

CR2E034 (11/98)