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 Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90054 004 ***150.00

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WILDERNESS CANOE ADVENTURES ON THE LITTLE MANATE E RIVER, INC.

Principal Place of Business 18001 US 301 SOUTH WIMAUMA FL 33598	Mailing Address 18001 US 301 SOUTH WIMAUMA FL 33598	
2. Principal Place of Business	2a. Mailing Address	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 09/14/1990

2. Principal Place of Business	2a. Mailing Address		3. Date incorporated or Qualifed 09/14/1990	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.		4. FEI Number 59-3029584	Applied For Not Applicable
City & State	City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
Zip Country	Zip (Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
9. Name and Address of Curr	29 30 30 rent Registered Agent		This corporation owes the current year Personal Property Tax.	TYPS TIME
LAPNIEWSKI, FRANCIS 18001 US 301 SOUTH WIMAUMA FL 33598		81 Name 82 Street Addres	Name and Address of New Registere (P.O. Box Number is Not Acceptable)	d Agent

83 84 City 85 Zip Code

			04	City			00 7	
 Pursuant to the proffice or registerer 	ovisions of Sections 607.0502 and 607.15d d agent, or both, in the State of Florida. Sur or with, and accept the obligations of, Section	08, Florida Statut	es the above	nomed	-		FL 85 21p	Code
agent. I am familia	ovisions of Sections 607.0502 and 607.150 d agent, or both, in the State of Florida. Sui r with, and accept the obligations of, Section	ch change was a	uthorized by	the corporation:	ation submits this states board of directors.	tement for the purpos	e of changing it	s registered
SIGNATURE	, and an agold the office of t	011 007.0505, FIO	rida Statutes.		or directors, i	rificieny accept the a	ppointment as r	egistered
Signature, t	yped or printed name of registered agent and title if applical	hle (NOTE			•			
	OFFICERS AND DIRECTOR	IS (NOTE:	Registered Agent	signature required wh		DAT		
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NAME LAPNII	EWSKI, FRANCIS	L. DELETE	1.1 TITLE	ì			Change	Addition
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CITY-ST-ZIP WIMAL	MA FI		1.3 STREET A	VODRESS				•
TITLE D			1.4 CITY-ST-	ZIP				
NAME LAPNIE	WSKI, JANET L.	☐ DELETE	2.1 TITLE					
STREET ADDRESS 18001	US 301 SOUTH		2.2 NAME				☐ Change	☐ Addition
CITY-ST-ZIP WIMAU	NA EL		2.3 STREET A	DDRESS				
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/-ST-ZIP			6.3 STREET ADD	RESS				
	e information supplied with the first		6.4 CITY-ST-ZIP	1				1

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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

813 634 2228