

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAR 13 AM 8:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S68980

(9)

1. Corporation Name

ISLAND ADVENTURES, INC.

Principal Place of Business

**349 COUNTY RD 29
LAKE PLACID FL 33852**

Mailing Address

**349 COUNTY RD 29
LAKE PLACID FL 33852**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/23/1991

3a. Date of Last Report

03/22/1994

4. FEI Number

65-0277586

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 has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

**WALDON, TOM
349 COUNTY ROAD #29
LAKE PLACID FL 33852**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

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, typed or printed name of registered agent and fee, if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	WALDON, TOM
STREET ADDRESS	349 COUNTY ROAD, #29
CITY - ST - ZIP	LAKE PLACID FL
TITLE	P
NAME	WALDON, TOM
STREET ADDRESS	349 COUNTY ROAD #29
CITY - ST - ZIP	LAKE PLACID FL
TITLE	S
NAME	WALDON, LYNN
STREET ADDRESS	349 COUNTY ROAD #29
CITY - ST - ZIP	LAKE PLACID FL
TITLE	T
NAME	WALDON, LYNN
STREET ADDRESS	349 COUNTY ROAD #29
CITY - ST - ZIP	LAKE PLACID FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Lynn E. Waldon

Lynn E. Waldon

3/6/95 813-699-2577

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER ON LINE OR

Date

Daytime Phone #