FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **S70349** **(3)**

1. Corporation Name
ADVENTURE OUTDOOR RESORTS, INC.

Principal Place of Business	Mailing Address
5015 S FLORIDA AVE STE 200 LAKELAND FL 33813-2043	5015 S FLORIDA AVE STE 200 LAKELAND FL 33813-2043

2. Principal Place of Business	2a. Mailing Address
21 1125 US 98 SOUTH	26 1125 US 98 SOUTH
Suite, Apt. #, etc. 22 SUITE 200	Suite, Apt. #, etc. 27 SUITE 200
City & State 23 LAKELAND, FLORIDA	City & State 28 LAKELAND FLORIDA
Zip 24 33801 Country 25 US	Zip 29 33801 Country 30 US.

3. Date Incorporated or Qualified: 07/29/1991
3a. Date of Last Report: 03/30/1995
4. FEI Number: 59-3075023 ☐ 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

MILBRATH, L. MICHAEL – DECEASED
1301 N.E. 14TH STREET
OCALA FL 34470

10. Name and Address of New Registered Agent

81 Name: Ronald T. Murphy, Esq.
82 Street Address (P.O. Box Number is Not Acceptable): 5015 South Florida Avenue, Suite 400A
83
84 City: Lakeland FL 85 Zip Code: 33813

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] 2-8-96
Signature, Member, Registered Agent and Title if Applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CLIFFORD, G. LEE JR. 5015 S FLORIDA AVE LAKELAND FL 33813 ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	HAROLD F. HAASEN 1125 US 98 SOUTH SUITE 200 LAKELAND, FLORIDA 33801 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	SECRETARY ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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 [signature] Secretary 2-8-96 941-686-1400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
HAROLD F. HAASEN

CR2E034 (12/95)