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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S70356** (8)

1. Corporation Name

ADVENTURE MARKETING GROUP, INC.



Principal Place of Business

Mailing Address

~~1301 NE 14TH STREET
OCALA FL 34470~~

~~1301 NE 14TH STREET
OCALA FL 34470~~

2. Principal Place of Business

2a. Mailing Address

21 **1125 US 98 SOUTH SUITE 200**

26 **1125 US 98S SUITE 200**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **LAKELAND FLORIDA**

27 **LAKELAND FLORIDA**

City & State

City & State

23 **33801** **U.S.**

28 **LAKELAND FLORIDA**

Zip

Country

Zip

Country

24

25

29 **33801**

30

U.S.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MILBRATH, L. MICHAEL - DECEASED
1801 N.E. 14TH STREET
OCALA FL 34470

81 Name

Ronald T. Murphy, Esq.

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

5015 South Florida Avenue

83

Suite 400A

84

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. I, the undersigned, am 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 607.0502, Florida Statutes.

SIGNATURE

[Signature] **Ronald T. Murphy**

2-14-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **LEE, CLIFFORD G. JR.**
CITY-ST-ZIP **5015 SOUTH FLORIDA AVENUE
LAKELAND FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **1125 98 SOUTH SUITE 200**
1.4 CITY-ST-ZIP **LAKELAND FLORIDA 33801**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **SECRETARY**
2.3 STREET ADDRESS **HAROLD F. HARPER**
2.4 CITY-ST-ZIP **1125 US 98S SUITE 200
LAKELAND FL 33801**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Harold F. Harper
SECRETARY

2-27-96

941-686-1400

Date:

Telephone:

CR2E034 (12/95)