FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 APR 27 PM 2:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S75111 (2)

1. Corporation Name

OUTDOOR GUIDES ASSOCIATION OF NORTH AMERICA, INC

Principal Place of Business	Mailing Address
1940 BUFORD BLVD TALLAHASSEE FL 32308 US	P.O. BOX 12996 TALLAHASSEE FL 32317-2996

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/22/1991	3a. Date of Last Report: 04/21/1994
4. FEI Number: 59-3081459	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21 3029 PASTUREWOOD LANE	26
Suite, Apt. #, etc. 22 FL	Suite, Apt. #, etc. 27
City & State 23 TALLAHASSEE, FL	City & State 28
Zip 24 32308	Zip 29
County 25 LEON	County 30

9. Name and Address of Current Registered Agent

FRIEDMAN, MARTIN S.
2548 BLAIRSTONE PINES DRIVE
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

31 Name

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

33

34 City FL 35 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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☑ Change ☐ Addition
NAME	FRIEDMAN, MARTIN S.	12 NAME	
STREET ADDRESS	1940 BUFORD BLVD	13 STREET ADDRESS	5300 ST. IVES LANE
CITY ST ZIP	TALLAHASSEE FL	14 CITY ST ZIP	TALLAHASSEE, FL 32308
TITLE	DPT	21 TITLE	☑ Change ☐ Addition
NAME	MADIGAN, JOHN R.	22 NAME	
STREET ADDRESS	1940 BUFORD BLVD	23 STREET ADDRESS	3029 PASTUREWOOD LANE
CITY ST ZIP	TALLAHASSEE FL	24 CITY ST ZIP	TALLAHASSEE, FL 32308
TITLE	D	31 TITLE	☑ Change ☐ Addition
NAME	KNOWLES, L. PAUL, JR.	32 NAME	
STREET ADDRESS	1940 BUFORD BLVD	33 STREET ADDRESS	5386 PEMBRIDGE PL.
CITY ST ZIP	TALLAHASSEE FL	34 CITY ST ZIP	TALLAHASSEE, FL 32308
TITLE	S	41 TITLE	☑ Change ☐ Addition
NAME	MADIGAN, JOHN R.	42 NAME	
STREET ADDRESS	1940 BUFORD BLVD	43 STREET ADDRESS	3029 PASTUREWOOD LANE
CITY ST ZIP	TALLAHASSEE FL	44 CITY ST ZIP	TALLAHASSEE, FL 32308
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(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 the 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: John R Madigan 4.25.95 904.668.4957

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0400217 FP