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 MAR 30 AM 6:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V10925** **(8)**

1. Corporate Name

ADVENTURE OUTDOOR RESORTS WEST, INC.

200001448502
-04/06/95--01002--014
****208.75 ****208.75
DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
5015 SOUTH FLORIDA AVENUE SUITE 200 LAKELAND FL 33813 US	P.O. BOX 6780 LAKELAND FL 33807-6780 US

3. Date Incorporated or Qualified: **01/30/1992**
3a. Date of Last Report: **05/01/1994**

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

4. FEI Number: **59-3103268** ☐ 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	10. Name and Address of New Registered Agent
MILBRATH, L MICHAEL 1301 N.E. 14TH STREET OCALA FL 34470	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 _____ 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	PD	11 TITLE	☐ Change ☐ Addition
NAME	LEE, CLIFFORD G JR.	12 NAME	
STREET ADDRESS	5015 SOUTH FLORIDA AVENUE	13 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33813	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☒ Change ☐ Addition
NAME	MAXWELL, LAWRENCE W.	22 NAME	
STREET ADDRESS	5015 SOUTH FLORIDA AVENUE #200	23 STREET ADDRESS	DELETE
CITY-ST-ZIP	LAKELAND FL 33813	24 CITY-ST-ZIP	
TITLE	SD	31 TITLE	☒ Change ☐ Addition
NAME	WRIGHT, RANDY	32 NAME	
STREET ADDRESS	5015 SOUTH FLORIDA AVENUE	33 STREET ADDRESS	DELETE
CITY-ST-ZIP	LAKELAND FL 33813	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	T15. 3/30/95
CITY-ST-ZIP		44 CITY-ST-ZIP	
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 this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 above, or on an attachment with an X in front.

SIGNATURE: _____ MARCH 21, 1995 (813) 686-1400
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

CLIFFORD G. LEE, JR

0916298 CP