

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # V13968

(5)

1. Corporation Name

VENTURE OUT, INC.



Principal Place of Business

Mailing Address

1974 FULTON PLACE
JACKSONVILLE FL 32207

1974 FULTON PLACE
JACKSONVILLE FL 32207

3. Date Incorporated or Qualified

02/14/1992

3a. Date of Last Report

05/01/1995

4. FEI Number

59-3107243

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 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DEAN, VERNON L.
1974 FULTON PLACE
JACKSONVILLE FL 32207

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 of principal officer or director of corporation (if not a Florida resident)

(If 2511 Registered Agent signature required when filing change)

Date

12. OFFICERS AND DIRECTORS

11. TITLE

☐ DELETE

NAME

D
DEAN, VERNON L.
1974 FULTON PLACE
JACKSONVILLE FL

STREET ADDRESS

CITY - ST - ZIP

11. TITLE

☐ DELETE

NAME

D
BALLASSO, SAMUEL W.
1974 FULTON PLACE
JACKSONVILLE FL

STREET ADDRESS

CITY - ST - ZIP

11. TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

11. TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

11. TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

11. TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

11. TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11. TITLE

12. NAME

13. STREET ADDRESS

14. CITY - ST - ZIP

☐ Change ☐ Addition

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY - ST - ZIP

☐ Change ☐ Addition

31. TITLE

32. NAME

33. STREET ADDRESS

34. CITY - ST - ZIP

☐ Change ☐ Addition

41. TITLE

42. NAME

43. STREET ADDRESS

44. CITY - ST - ZIP

☐ Change ☐ Addition

51. TITLE

52. NAME

53. STREET ADDRESS

54. CITY - ST - ZIP

☐ Change ☐ Addition

61. TITLE

62. NAME

63. STREET ADDRESS

64. 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

Vernon L. Dean Vernon L. Dean

6-21-96 904-396-1662

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Digitized Photo #