

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N25160 (5)
1. Corporation Name
REEF SEEKERS DIVE CLUB, INC.



Principal Place of Business: **2000 E EDGEWOOD DR SUITE 108B LAKELAND FL 33803 US**
Mailing Address: **2000 E EDGEWOOD DR STE. #108B LAKELAND FL 33803 US**

3. Date Incorporated or Qualified: **03/02/1988**
3a. Date of Last Report: **03/22/1995**
4. FEI Number: **59-2883514**
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: 21 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent

**BYWATER, JOSEPH G.
2000 E. RIDGEWOOD DR.
STE. #108B
LAKELAND FL 33803**

10. Name and Address of New Registered Agent

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	CLARKSON, CHANDLER	
STREET ADDRESS	400 W. BEACON RD 506	
CITY-ST-ZIP	LAKELAND FL 33803	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MANGAN, PAUL	
STREET ADDRESS	480 W. PIERCE ST.	
CITY-ST-ZIP	LAKE ALFRED FL 33850	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SADLER, JERRE	
STREET ADDRESS	P.O. BOX 231 N/A	
CITY-ST-ZIP	HIGHLAND FL 33846	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HUTTON, JIM	
STREET ADDRESS	3621 CLEVELAND HTS BLVD	
CITY-ST-ZIP	LAKELAND FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MUHLHAN, MARK	
STREET ADDRESS	8409 WHISPER TR	
CITY-ST-ZIP	LAKELAND FL 33809	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	CLARKSON, CHANDLER	
13 STREET ADDRESS	1409 Plantation Cir, # 403	
14 CITY-ST-ZIP	Plant City, FL 33567	
21 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	HURT, BARRY	
23 STREET ADDRESS	144 LK SEARS DR.	
24 CITY-ST-ZIP	WINTER HAVEN, FL 33880	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	FLENIKEN, BOB	
43 STREET ADDRESS	8040 GLENRIDGE LOOP W.	
44 CITY-ST-ZIP	LAKELAND, FL 33809	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
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)(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: *Chandler Clarkson* **Chandler Clarkson** *2/4/96* **813 644-4647**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)