**FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00**

0447863

PROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

**FILED**
**Apr 26, 1999 8:00 am**
**Secretary of State**
04-26-1999 90129 005 ***150.00

DOCUMENT # **407415**

1. Corporation Name
100 FATHOMS OFF FLORIDA, INC.

Principal Place of Business
38210 COOK BROWN RD
PUNTA GORDA FL ~~33902-0477~~
US

Mailing Address
~~P.O. BOX 477~~
~~FT. MYERS FL 33902-0477~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/01/1972

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 33955 Country 25 USA

2a. Mailing Address
26 P.O. BOX 51206
Suite, Apt. #, etc.
27
City & State
28 FT. MYERS, FL
Zip 29 33994-1206 Country 30 USA

4. FEI Number 59-1444218 ☐ Applied For ☐ No 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 owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
OGLE, JOHN N.
38210 COOK BROWN RD.
PUNTA GORDA FL 33955

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 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

| | | |
|---|---|---|
| TITLE | PTD | ☐ DELETE |
| NAME | OGLE, JOHN N. | |
| STREET ADDRESS | 38210 COOK BROWN RD. | |
| CITY-ST-ZIP | PUNTA GORDA FL | |
| TITLE | VST | ☐ DELETE |
| NAME | OGLE, LINDA J | |
| STREET ADDRESS | 38210 COOK & BROWN RD | |
| CITY-ST-ZIP | PUNTA GORDA FL | |
| TITLE | D | ☐ DELETE |
| NAME | OGLE, LINDA J | |
| STREET ADDRESS | 38210 COOK & BROWN RD | |
| CITY-ST-ZIP | PUNTA GORDA FL | |
| TITLE | | ☐ DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|---|---|---|
| 1.1 TITLE | | ☐ Change ☐ Addition |
| 1.2 NAME | | |
| 1.3 STREET ADDRESS | | |
| 1.4 CITY-ST-ZIP | | |
| 2.1 TITLE | | ☐ Change ☐ Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY-ST-ZIP | | |
| 3.1 TITLE | | ☐ Change ☐ Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | | ☐ Change ☐ Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | ☐ Change ☐ Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | ☐ Change ☐ Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY-ST-ZIP | | |

14. I hereby certify that the information supplied with this filing 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 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Linda J. Ogle LINDA J. OGLE 04/01/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)