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

FILED Feb 26 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (7) OCEAN PRO DIVE SHOP, INC. Principal Place of Business Mailing Address 2259 BEE RIDGE ROAD 2259 BEE RIDGE ROAD SARASOTA FL 34239 SARASOTA FL 34239 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/14/1979 2. Principal Place of Business 2a. Mailing Address Applied For 21 59-1916801 Not Applicable 26 Suite, Apt. #, etc. Suite Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 26 Trust Fund Contribution Added to Fees Zip Country Country This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HAYS, ROSMARIE 2259 BEE RIDGE RD. 82 Street Address (P.O. Box Number is Not Acceptable) SARASOTA FL 33579 83 84 Zip Code 11. Pursuant to the provisions of Socions 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE Change PSD 1.1 TITLE TITLE HAYS, ROSMARIE 1.2 NAME NAME 7169 LEEWYNN DR. STREET ADDRESS 1.3 STREET ADDRESS SARASOTA FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change 2.1 TITLE TITLE VTD HAYS, KENNETH L 2.2 NAME 7169 LEEWYNN DR. STREET ADDRESS 2.3 STREET ADDRESS SARASOTA FL 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change ☐ Addition TITLE 4.1 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 5.4 CITY-ST-ZIP DELETÉ Change ☐ Addition 6.1 TITLE TITLE NAME 6.2 NAME

63 STREET ADDRESS

2-19-98

6.4 City-St-ZiP 14. 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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE: