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FILED

Jan 16 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 741615 (9)

1. Corporation Name

PANAMA CITY DIVE CLUB, INC.



Principal Place of Business

Mailing Address

7213 EMERSON DR  
P. O. BOX 4636  
PANAMA CITY FL 32408  
US7213 EMERSON DR  
P. O. BOX 4636  
PANAMA CITY FL 32408-5503  
US3. Date Incorporated or Qualified  
02/15/19783a. Date of Last Report  
01/25/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Zip Country

28 Zip Country

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25

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4. FEI Number  
59-2250006Applied For  
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐\$5.00 May Be  
Added to Fees8. 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

JENKINS, WALLY T  
7213 EMERSON DR  
PANAMA CITY FL 32408

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TD  
JENKINS, WALLY T  
7213 EMERSON DR  
PANAMA CITY BEACH FL☐ DELETE1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
Change ☒ Addition ☒  
32408TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
MYERS, HELEN  
1006 BRADLEY CIR.  
LYNN HAVEN FL☐ DELETE2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
Change ☒ Addition ☐  
1312 HARBOUR WAY  
PANAMA CITY BCH FL 32407TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
VAISNIS, PATRICIA  
5801 A PINITRER AVE  
PANAMA CITY FL☐ DELETE3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
Change ☒ Addition ☐  
WEBER,  
32408TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
PURER, AL  
306 VIRGINIA AVE  
LYNN HAVEN FL☐ DELETE4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
Change ☐ Addition ☒  
32444TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
MEINTZ, MICHAEL  
P.O. BOX 10044 WA  
PANAMA CITY FL☐ DELETE5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
Change ☒ Addition ☐  
717 BRANDIS AV  
32405TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ DELETE6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
Change ☐ Addition ☐

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

SIGNATURE: *Wally T. Jenkins*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR1-8-97 904-234-5724  
Date Daytime Phone # 00000000

CR2E037 (9/96)