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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90043 012 ***150.00

DOCUMENT	#	F93927
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Corporation Name

JIM'S DIVE SCHOOL, INC.

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Principal Place of Business Mailing Address				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•			
% JAMES B. FE		% JAMES B. FENTRESS, JR.			ļ			
9385-C BAYPINE	-	9385-C BAYPINES BLVD.				DO NOT WRITE IN THIS	SPACE	
ST. PETERSBUR	RG FL 33708	ST. PETERSBURG FL 33708			ł	3. Date incorporated or Qualifed	J OI AUL	
					ľ	, -		
		F = 45 4				08/09/1982 4. FEI Number		Applied Fee
2. Principal P	lace of Business	2a. Mailing Address]	1	}}	Applied For
21		26				59-2298984		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			İ	5. Certificate of Status Desired		5 Additional
22		27						Required
City & Stat	e	City & State			-	6. Election Campaign Financing		00 May Be
23		28				Trust Fund Contribution	Add	ed to Fees
Zip	Country	Zip	Count	У		8. This corporation owes the current year Ir		_
24	25	293	30 _	_		Personal Property Tax.	Yes	□No
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Registered	Agent	
			8	1 Na	ım e			
	TRESS, JAMES B., JR.		8:	2 51	root Addres	ss (P.O. Box Number is Not Acceptable)		
9385	6-C BAYPINES BLVD.		\"	-1 0	COL AGGIOS	oo (1.0, box riamos) to the riscopiasis,		
ST. I	PETERSBURG FL 33708		8	3				
			L				:	
,			8	4 Ci	ty	Fi	85 2	Zip Code
11. Pursuant	to the provisions of Sections 607.056	02 and 607.1508, Florida Statutes	s, the abo	ve-na	med corpor	ration submits this statement for the purpose of	f changing	its registered
office or r	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was aut	thorized b	v the :	corporation'	's board of directors. I hereby accept the appo	intment a	s registered
		adons 61, 6600011 607.6600, 110.11				•		
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE: F	Registered Ag	ent sign	ature required w	when reinstating) DATE		
12,		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A	ND DIREC	CTORS IN 12
TITLE	PST	☐ DELETE	1.1 TITLE				Char	nge 🔲 Addition
NAME	FENTRESS, JAMES B., JR		1,2 NAME	:				
	9385-C BAYPINES BLVD.		1.3 STRE		DESS			
STREET ADDRESS	ST. PETERSBURG FL				1200			
CITY-ST-ZIP		[] DELETE	1.4 CITY-				☐ Chan	nge [7] Additi
TITLE	D	. DELETE	2.1 TITLE		1			.a

aπ FENTRESS, JAMES B., JR 22 NAME NAME 9385-C BAYPINES BLVD. 2.3 STREET ADDRESS STREET ADDRESS ST. PETERSBURG FL 2.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CTTY-ST-ZIP Change ☐ Addition 6.1 TITLE DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-7IP

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:

ON SID NATURE DUIRED SIGNATURE AND TYPED OR PRINTED MAME OF SIGNING OFFICER OR DIRECTOR

april 17, 1999 72

727-395398

CR2E034 (11/98)