

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Aug 27, 1999 8:00 am
Secretary of State

08-27-1999 90005 020 ***558.75

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # F98000002243

1. Corporation Name

FLORIDA KEYS DIVING, INC.



Principal Place of Business

Mailing Address

~~510 OCEAN WAY~~
KEY LARGO FL 33037

510 OCEAN WAY
KEY LARGO FL 33037

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/20/1998

4. FEI Number

74-2879534

Applied For

~~NOT APPLICABLE~~

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 owes the current year
Intangible Personal Property.

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

14 Andros

P.O. Box 242

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Key Largo, FL

Key Largo, FL

Zip Country

Zip Country

33037

33037

9. Name and Address of Current Registered Agent

PATE, JENNIFER E
510 OCEAN WAY
KEY LARGO FL 33037

10. Name and Address of New Registered Agent

81 Name **Jennifer E. Schwenke**

82 Street Address (P.O. Box Number is Not Acceptable)

14 Andros

83

84 City **Key Largo** FL 85 Zip Code **33037**

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

Jennifer Schwenke

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

(NOTE: Registered Agent signature required when reinstating)

DATE

8/23/99

12. OFFICERS AND DIRECTORS

TITLE **CPS** ☒ DELETE
NAME **PATE, JENNIFER E**
STREET ADDRESS **510 OCEAN WAY**
CITY-ST-ZIP **KEY LARGO FL 33037**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PRESIDENT** ☒ Change ☐ Addition
1.2 NAME **Jennifer E. Schwenke**
1.3 STREET ADDRESS **14 Andros**
1.4 CITY-ST-ZIP **Key Largo, FL 33037**

2.1 TITLE **Secretary** ☐ Change ☒ Addition
2.2 NAME **Jason Schwenke**
2.3 STREET ADDRESS **14 Andros**
2.4 CITY-ST-ZIP **Key Largo, FL 33037**

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.

SIGNATURE:

Jennifer Schwenke

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/23/99 305-453
9561

Daytime Phone

CR2E034 (5/99)