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May 06 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # G89987

(3)

1. Corporation Name

LAND O' LAKES SCUBA CENTER, INC.

Principal Place of Business

4710 LAND O LAKES BLVD. SUITE 17  
LAND O LAKES PLAZA  
LAND O LAKES FL 34639

Mailing Address

4710 LAND O LAKES BLVD. SUITE 17  
LAND O LAKES PLAZA  
LAND O LAKES FL 34639-3704



3. Date Incorporated or Qualified

03/13/1984

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

4. FEI Number

59-2377027

Applied For

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 has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

MYERS JR, JOHN PAUL  
22047 HIDDEN OAK PLACE  
LAND O LAKES FL 34639

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: Joyce GORDY  
Signature, typed or printed name of registered agent and Inc. if applicable

NOTE: Registered Agent signature required when reinstating

DATE

4-28-97

12. OFFICERS AND DIRECTORS

TITLE D MYERS, JOHN P. JR. ☒ DELETE  
NAME MYERS, JOHN P. JR.  
STREET ADDRESS 22047 HIDDEN OAK PL  
CITY - ST - ZIP LAND O LAKES FL

TITLE PST MYERS, JOHN P. JR. ☐ DELETE  
NAME MYERS, JOHN P. JR.  
STREET ADDRESS 22047 HIDDEN OAK PL  
CITY - ST - ZIP LAND O LAKES 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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Vice-president-Director ☐ Change ☒ Addition  
1.2 NAME Joyce GORDY  
1.3 STREET ADDRESS 6010 W. Sitka St  
1.4 CITY - ST - ZIP Tampa FL 33634

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

SIGNATURE: Joyce GORDY - VP  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-28-97 813-  
996-3843

CR2E034 (9/96)