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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G

G89987

(3)

LAND O' LAKES SCUBA CENTER, INC.

FILED Apr 29 1998 8:00am Secretary of State



Principal Place of Business		Mailing Adi	Mailing Address			r sensen annt sterd reist stillt til aleit biblt biblt biblt biblt biblt	
4710 LAND O LAKES BLVD. SUITE 17 LAND O LAKES PLAZA LAND O'LAKES FL 34639		LAND O LI	4710 LAND O LAKES BLVD. SUITE 17 LAND O LAKES PLAZA LAND O'LAKES FL 34639			DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualified	
						03/13/1984	
2. Principal P	lace of Business	2a. Mailing	Address			4. FEI Number	Applied For
21		26				59-2377027	Not Applicable
Suite, Apt. #, etc.		Suite, A	Suite, Apt. #, etc.				\$8.75 Additional
22		27				6. Certificate of Status Desired	Fee Required
City & State		City & S	City & State			6. Election Campaign Financing	\$5.00 May Be
23		28				Trust Fund Contribution	Added to Fees
Zıp	Country	Zip	, — — · · · · · · · · · · · · · · · · ·			8. This corporation owes or has paid the c	urrent year Intangible
24	25	29		0		Personal Property Tax due June 30.	☐ Yes ☐ No
	9. Name and Address of Cu	rrent Registered Ag	ent			10. Name and Address of New Registere	d Agent
MY	ers jr, john paul			81	Name		
22047 HIDDEN OAK PLACE				82	Street Add	Iress (P.O. Box Number is Not Acceptable)	
į LAI	ND O'LAKES FL 34639						
				83			
				84	City		ae Zin Codo
					•	F	L 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							
12.	Signature, typed or printed name of registere	AND DIRECTORS	(NOTE: F	13.	ni signatura requi	red when reinstating) DATE	10 010507000 11 10
TITLE	VPD		DELETE	1.1 TITLE	· 1	ADDITIONS/CHANGES TO OFFICERS AN	Change Addition
NAME	GORDY, JOYCE	_	_ occ.	1.2 NAME			Change C Abolion
STREET ADDRESS	6010 W SITKA ST				**************************************		
CITY-ST-ZIP	TAMPA FL			1.3 STREET			
TITLE	PST	· · · · · · · · · · · · · · · · · · ·	DELETE	1.4 CITY-ST 2 1 TITLE	I - ZIP		Change Addition
NAME	MYERS, JOHN P. JR.	L	J DECENE				Change Addition
STREET ADDRESS	22047 HIDDEN OAK PL			2.2 NAME			
· · ·	LAND O'LAKES FL			2.3 STREET			
CITY-ST-ZIP TITLE	DAND O DAKES FL		DELETE	2. 4 CITY - S	T-ZIP		A 4 100
NAME		L.) orreit	3.1 TITLE			Change Addition
				3.2 NAME			
STREET ADDRESS				3.3 STREET			
CITY-ST-ZIP TITLE			DELETE	3.4 CITY-S	T-ZIP		
		L	7 OCTE IE	4.1 TITLE			Change Addition
NAME				4.2 NAME	1		
STREET ADDRESS				4.3 STREET			1
CITY-ST-ZWP	·		T per exe	4.4 CITY-ST	- ZIP		
TITLE		L	DELETE	5.1 TITLE			☐ Change ☐ Addition
NAME				5.2 NAME	f		
STREET ADDRESS				5.3 STREET	ADDRESS		
CITY-ST-ZIP		···		5.4 CITY - ST	- ZIP	***************************************	
TITLE			DELETE	6.1 TITLE			Change Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET A	ADDRESS		
CITY-ST-ZIP				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 receivor 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:

Donal

4-20-98

2E034 (10/97)