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

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

**FILED** 

Mar 06 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **H44434** 

(9)

| 1. Corporation                                       | X DIVERS SERVICE, INC.  | Mailing Address  |  |   |                                       |
|--|---|--|--|---|---------------------------------------|
| 1631 E EDGEWOOD DRIVE<br>LAKELAND FL 33903<br>US     |   | C/O JOHANNES T. APPELBOOM<br>2720 WEST LAKE ELOISE DRIVE<br>WINTER HAVEN FL 33884-1935 |  |   |                                       |
|  |   |  |  | 3. Date Incorporated or Qualified 02/21/1985  | 3a. Date of Last Report<br>04/17/1996 |
| 2. Principal P                                       | lace of Business  | 2a. Mailing Address  |  | 4, FEI Number   | Applied For                           |
| 1  |   | 26   |  | 59-2499049  | Not Applicable                        |
| Suite, Apt. #, etc                                   |   | Suite, Apt. #, etc.  |  | 5. Certificate of Status Desired  | \$8.75 Additional                     |
| Cd. R Cools  |   | City & State   |  |   | Fee Hequired                          |
| City & State   |   | 28   |  | Election Campaign Financing     Trust Fund Contribution                               | \$5.00 May Be Added to Fees           |
| <b>23</b> Zip  | Country   | 7 <sub>I</sub> p   | Country  | 8. This corporation has liability for   |                                       |
| 24   | 25  | 29   | 30   |   | Yes No                                |
| =-1  | 9. Name and Address of Curre  |  | 1991   | 10. Name and Address of New Re  | gistered Agent                        |
| APPE   | LBOOM, JOHANNES T.  |  | 81 Name  |   |                                       |
| 2720 WEST LAKE ELOISE DRIVE<br>WINTER HAVEN FL 33884 |   |  | 82 Street Address (P.O. Box Number is Not Acceptable)  |   |                                       |
| WINTER HAVEN PL 33004                                |   |  | 83   |   |                                       |
|  |   |  | 84 City  |   | FL 85 Zip Code                        |
| 11. Porsoant   | to the provisions of Sections 607 05  | 02 and 607, 1508, Florida Statu  | tes, the above-named co                                | rporation submits this statement for the p  |                                       |
| office or r  | egistered agent, or both, in the Statem familiar with, and accept the oblid | e of Florida. Such change was  | authorized by the corpora                              | ation's board of directors. I hereby accept   | pt the appointment as registered      |
|  | an tarmilar with, and accept the cong                                       | galiens or, Section 607,0303, Fi   | Unida Statutes.  |   |                                       |
| SIGNATURE  | Signal are, typed or purified name of registered 89                         | gent and titic if applicable (NO)  | E: Registered Agent signature req                      | uired when reinstating)   | DATE                                  |
| 12.  |   | ID DIRECTORS   | 13.  | ADDITIONS/CHANGES TO OFFIC  |                                       |
| TITLE  | PTD   | DELETE   | 1.1 TITLE  |   | Change Addition                       |
| NAME   | APPELBOOM, JOHANNES T.  |  | 1.2 NAME   |   |                                       |
| STREET ADORESS                                       | 2720 WEST LAKE ELOISE DR  |  | 1.3 STREET ADDRESS                                     |   |                                       |
| CHY-ST-ZIP   | WINTER HAVEN FL   | DELETE   | 1.4 CITY - ST - ZIP                                    |   | Change Addition                       |
| TITLE  |   | □ bereit   | 2.1 TITLE<br>2.2 NAME                                  |   | C change C Addition                   |
| NAME<br>CONCLEADED                                   |   |  | 2 3 STREET ADDRESS                                     |   |                                       |
| STREET ADDRESS<br>City - St - Zip                    |   |  | 2. 4 City-SI-ZIP                                       |   |                                       |
| TITLE  |   | DELETE   | 3.1 TITLE  |   | Change Addition                       |
| MAVE   |   |  | 3.2 NAME   |   |                                       |
| STREET ADDRESS                                       |   |  | 3.3 STREET ADDRESS                                     |   |                                       |
| City - St - 7IP                                      | _   |  | 3.4. CITY-ST-ZIP                                       |   |                                       |
| TILLE  |   | ☐ DELETE   | 4.1 TITLE  |   | ☐ Change ☐ Addition                   |
| NAME   |   |  | 4. 2 NAME  |   |                                       |
| STREET ADDRESS                                       |   |  | 4.3 STREET ADDRESS                                     |   |                                       |
| CITY 51-ZIP  |   | The series   | 4.4 CITY - ST-ZIP                                      |   |                                       |
| DILE   |   | L DELETE   | 5 1 TITLE  |   | Change Addition                       |
| NAME   |   |  | 5 2 NAME   |   |                                       |
| STREET ADDRESS                                       |   |  | 5.3 STREET ADDRESS                                     |   |                                       |
| CHY-SI-74*   |   | DELETE   | 54 CITY-SY-ZIP<br>61 TIYLE                             |   | Change Addition                       |
| t Tlf<br>Name  |   | La bettie  | 6.2 NAME   |   | Change Ell Routton                    |
| STREET ADDRESS                                       |   |  | 6.3 STREET ADDRESS                                     |   |                                       |
| CITY ST-ZIP  |   |  | 6.4 City-St-ZiP  |   |                                       |
| <b>14.</b> I do here                                 | by certify that the information supplie                                     | ed with this filing does not qual  | ify for the exemption state                            | ed in Section 119.07(3)(i), Florida Statute   | s I further certify that the          |
| informatio<br>Lam ac o                               | on inclicated on this annual report or                                      | supplemental annual report is<br>or the receiver or trustee empore                     | true and accurate and the<br>vered to execute this rep | at my signature shall have the same lega<br>ort as required by Chapter 607, Florida 8 | al affect as if made under oath: that |