FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 MAY -1 PM 2:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100001519101
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****208.75 ****208.75

DOCUMENT # J02670

1. Corporation Name
UNDERWATER SALVAGE, INC
PO BOX 180553
CASSELBERRY FLA 32718-0553

Principal Place of Business / Mailing Address
UNDERWATER SALVAGE, INC
PO BOX 180553
CASSELBERRY FL 32718-0553

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: MARCH 7, 1986
3a. Date of Last Report: MAY 1 1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number — 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
TERRY R BROOKS (PSD)
P.O. BOX 180553
CASSELBERRY FLA.
32718-0553

Home
TERRY R BROOKS
600 DIANE CR
CASSELBERRY FLA.
32707

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE (PSD) CR NAME TERRY R BROOKS President Sec. Tr. (D) STREET ADDRESS 600 DIANE CR CITY ST ZIP CASSELBERRY FL 32707	11 TITLE ☐ Change ☐ Addition 12 NAME 13 STREET ADDRESS 14 CITY ST ZIP
TITLE (VP) NAME ALFRED J CONWAY Vice President (D) STREET ADDRESS 320 27th Ct. SW. CITY ST ZIP VERO BEACH FL 32962	21 TITLE EX(V)(D) CORP ☒ Change ☐ Addition 22 NAME ALFRED J CONWAY 23 STREET ADDRESS 320 27th Ct. SW. 24 CITY ST ZIP VERO BEACH FL 32962
TITLE NAME DR THOMAS G CHISHOLM (V) OF (D) STREET ADDRESS 600 DIANE CR CITY ST ZIP CASSELBERRY FL 32707	31 TITLE DR THOMAS G CHISHOLM (V,D) ☒ Change ☐ Addition 32 NAME (V) OF ARK HISTORY AMY (D) 33 STREET ADDRESS 600 DIANE CR 34 CITY ST ZIP CASSELBERRY FL 32707
TITLE NAME DR. Behold E. ~~SCHWARZ~~ SCHWARZ (D) STREET ADDRESS 642 AZALEA LANE CITY ST ZIP VERO BEACH FL 32963	41 TITLE ☐ Change ☐ Addition 42 NAME 43 STREET ADDRESS 44 CITY ST ZIP
TITLE NAME STREET ADDRESS CITY ST ZIP	51 TITLE ☐ Change ☐ Addition 52 NAME 53 STREET ADDRESS 54 CITY ST ZIP
TITLE NAME STREET ADDRESS CITY ST ZIP	61 TITLE ☐ Change ☐ Addition 62 NAME 63 STREET ADDRESS 64 CITY ST ZIP

REMITTED BY MAY 1

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Terry R. Brooks President Sec Tr S 3/21/95 (407) 262 1483
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #