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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N17313

(0)

1. Corporation Name

DOWN UNDER DIVE CLUB, INC.



Principal Place of Business

Mailing Address

P O BOX 060626
PALM BAY FL 32905

P O BOX 060626
PALM BAY FL 32905

3. Date Incorporated or Qualified
10/14/1986

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MAYSON, JOHN C I
2105 LADNER RD. S.W.
PALM BAY FL 32907

81

Name

John C. Mayson IV

82

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

2105 Ladner Rd NE

83

84

City

Palm Bay

FL

85

Zip Code

32907

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

John C. Mayson IV
Signature typed or printed name of registered agent and title if applicable

John C. Mayson IV Treasurer

03/11/95

12. OFFICERS AND DIRECTORS

TITLE PD
NAME MCKEOWN, T.J.
STREET ADDRESS 1240 SNOWBIRD AVE. NW
CITY-ST-ZIP PALM BAY FL 32907

☐ DELETE

TITLE VD
NAME HOLLINGSWORTH, HUGH
STREET ADDRESS P.O. BOX 410263 N/A
CITY-ST-ZIP MELBOURNE FL 32941-0263

☐ DELETE

TITLE SD
NAME BASYE, MELODY
STREET ADDRESS 1547 OMEGA ST.
CITY-ST-ZIP PALM BAY FL 32907

☐ DELETE

TITLE TD
NAME MAYSON, JHOHN
STREET ADDRESS 2105 LADNER RD. NE
CITY-ST-ZIP PALM BAY FL 32907

☐ DELETE

TITLE SD
NAME ALLGAIER, TOM
STREET ADDRESS 1547 OMEGA ST.
CITY-ST-ZIP PALM BAY FL 32907

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME Charles Delmater
1.3 STREET ADDRESS 620 Anderson Ct
1.4 CITY-ST-ZIP Satellite Bch FL 32937-3949

☒ Change ☐ Addition

2.1 TITLE VD
2.2 NAME T.J. McKeown
2.3 STREET ADDRESS 1240 Snowbird Ave NW
2.4 CITY-ST-ZIP Palm Bay FL 32907-8093

☒ Change ☐ Addition

3.1 TITLE SD
3.2 NAME Winkje Hudock
3.3 STREET ADDRESS PO Box 33
3.4 CITY-ST-ZIP Grant FL 32949-0033

☒ Change ☐ Addition

4.1 TITLE TD
4.2 NAME John C. Mayson IV
4.3 STREET ADDRESS 2105 Ladner Rd NE
4.4 CITY-ST-ZIP Palm Bay FL 32907-2583

☒ Change ☐ Addition

5.1 TITLE SD
5.2 NAME Mike Dady
5.3 STREET ADDRESS 700 Ribble Beach Ave NE
5.4 CITY-ST-ZIP Palm Bay FL 32905

☒ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

John C. Mayson IV
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/11/96

(407) 727-6389

CR2E037 (12/95)