

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # N17664 (6)

1. Corporation Name

FLORIDA ASSOCIATION OF DIVE OPERATORS, INC.

Principal Place of Business

Mailing Address

2409 RAMBLE WOOD CT.
TALLAHASSEE FL 32303
US

51 GARDEN COVE DRIVE
KEY LARGO FL 33037
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/05/1986

3a. Date of Last Report

03/30/1994

4. FEI Number

59-2820189

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

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐ \$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 County

29 Zip

30 County

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SLATE, SPENCER
51 GARDEN COVER DRIVE
KAY LARGO FL 33057

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

Signature, typed or printed name of registered agent and the corporation

(NOTE: Registered Agent signature required when registering)

(DATE)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
ST
APPLEBOOM, JOHN
1631 E EDGEWOOD DR
LAKELAND FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY ST ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
D
BRAYMAN, BOB
1994 OVERSEAS HWY
MARATHON FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY ST ZIP
DIRECTOR
JACKIE DRAFFIN
10075 EAST ADAMO AVE
TAMPA, FL 33619
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
V
INMAN, DAVE
6023 HOLLYWOOD BLVD.
HOLLYWOOD FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY ST ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
P
SLATE, SPENCER
51 GARDEN COVE DR.
KEY LARGO FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY ST ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
D
HARDY, RON
6422 W HWY 98
PANAMA CITY FL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY ST ZIP
DIRECTOR
KEN KELLY
4600 S. CLEVELAND AVE
FT MYERS, FL
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
D
HOLSTON, BOB
1805 N. ROOSEVELT BLVD.
KEY WEST FL

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY ST ZIP
DIRECTOR
CHARLES MATTHEWS
4633 S. LEJUNE RD
MIAMI, FL 33146-1814
☒ 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 110.07(3)(b), 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:

Signature and typed or printed name of signing officer or director

19 JAN 95

(DATE)

305-451-1325

(TELEPHONE NUMBER)