

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

CORPORATION
ANNUAL REPORT
1995



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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 22 AM 9:03

DOCUMENT # **N25160** (5)

1. Corporation Name
REEF SEEKERS DIVE CLUB, INC.

Principal Place of Business Mailing Address
**2000 E. RIDGEWOOD DR.
STE. #108B
LAKELAND FL 33803**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/02/1988** 3a. Date of Last Report **04/05/1994**
4. FEI Number **59-2883514** 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 **2000 E. EDGEWOOD DR.** 26 **2000 E. EDGEWOOD DR.**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **Suite 108B** 27 **Suite 108B**
City & State City & State
23 **LAKELAND, FL** 28 **LAKELAND FL**
Zip Country Zip Country
24 **33803** 25 Country 29 **33803** 30 Country

9. Name and Address of Current Registered Agent
**BYWATER, JOSEPH G.
2000 E. RIDGEWOOD DR.
STE. #108B
LAKELAND FL 33803**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	CLARKSON, CHANDLER
STREET ADDRESS	400 W. BEACON RD 506
CITY-ST-ZIP	LAKELAND FL 33803
TITLE	D
NAME	MANGAN, PAUL
STREET ADDRESS	480 W. PIERCE ST.
CITY-ST-ZIP	LAKE ALFRED FL 33850
TITLE	D
NAME	SADLER, JERRE
STREET ADDRESS	P.O. BOX 231 N/A
CITY-ST-ZIP	HIGHLAND FL 33846
TITLE	D
NAME	WERNER, BETTY
STREET ADDRESS	924 W. LAKE CANNON DR.
CITY-ST-ZIP	WINTER HAVEN FL 33881
TITLE	D
NAME	MUHLHAN, MARK
STREET ADDRESS	8409 WHISPER TR
CITY-ST-ZIP	LAKELAND FL 33809
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Jim Hutton
4.3 STREET ADDRESS	3021 Cleveland Hts Blvd
4.4 CITY-ST-ZIP	Lakeland, FL 33803
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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

SIGNATURE: Chandler Clarkson **3/16/95** **644-4647**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Phone #)