

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Aug 07 1997 8:00am  
Secretary of State

DOCUMENT # **N25160** (5)  
1. Corporation Name  
**REEF SEEKERS DIVE CLUB, INC.**



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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>03/02/1988</b>	3a. Date of Last Report <b>02/08/1996</b>
4. FEI Number <b>59-2883514</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

g. 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
<b>FL</b> 85 Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CLARKSON, CHANDLER</b>	1.2 NAME	
STREET ADDRESS	<b>1409 PLANTATION CIR #403</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PLANT CITY FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HURT, BARRY</b>	2.2 NAME	<b>Hoopfingarnier, Charles</b>
STREET ADDRESS	<b>144 LAKE SEARS DR</b>	2.3 STREET ADDRESS	<b>311 Clayton Rd</b>
CITY-ST-ZIP	<b>WINTER HAVEN FL</b>	2.4 CITY-ST-ZIP	<b>Auburn Dale, FL 33823</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SADLER, JERRE</b>	3.2 NAME	
STREET ADDRESS	<b>P.O. BOX 231 N/A</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HIGHLAND FL 33846</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FLENIKEN, BOB</b>	4.2 NAME	
STREET ADDRESS	<b>8040 GLENRIDGE LOOP W</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAKELAND FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MUHLAN, MARK</b>	5.2 NAME	
STREET ADDRESS	<b>8409 WHISPER TR</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAKELAND FL 33809</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing 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 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 REQUIRED

CR2E037 (4/97)