


**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Feb 03 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N25160 (5)**  
 1. Corporation Name  
**REEF SEEKERS DIVE CLUB, INC.**



Principal Place of Business 2000 E EDGEWOOD DR SUITE 108B LAKELAND FL 33803 US	Mailing Address 2000 E EDGEWOOD DR STE. #108B LAKELAND FL 33803 US
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	25
29	30

3. Date Incorporated or Qualified <b>03/02/1988</b>		
4. FEI Number <b>59-2883514</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**BYWATER, JOSEPH G.**  
~~2000 E. EDGEWOOD DR.~~ *Edgewood 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

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>CLARKSON, CHANDLER</b>	
STREET ADDRESS	<b>1409 PLANTATION CIR #403</b>	
CITY-ST-ZIP	<b>PLANT CITY FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>HOOPINGARNER, CHARLES</b>	
STREET ADDRESS	<b>311 CLAYTON RD</b>	
CITY-ST-ZIP	<b>AUBURNDALE FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SADLER, JERRE</b>	
STREET ADDRESS	<b>P.O. BOX 231 N/A</b>	
CITY-ST-ZIP	<b>HIGHLAND FL 33846</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>FLENKEN, BOB</b>	
STREET ADDRESS	<b>8040 GLENRIDGE LOOP W</b>	
CITY-ST-ZIP	<b>LAKELAND FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MUHLAN, MARK</b>	
STREET ADDRESS	<b>8409 WHISPER TR</b>	
CITY-ST-ZIP	<b>LAKELAND FL 33809</b>	
TITLE		<input type="checkbox"/> DELETE
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>BILL LIVINGSTON</b>
2.3 STREET ADDRESS	<b>1925 John Arthur Way</b>
2.4 CITY-ST-ZIP	<b>Lakeland, Florida 33803</b>
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 type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 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: *Robert Alan Livingston* **REQUIRED** 1/14/98 941-859-4553

CR2E037 (10/97)