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Feb 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 33903
US

Mailing Address

2000 E EDGEWOOD DR
STE. #108B
LAKELAND FL 33903
US

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 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

03/02/1988

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

BYWATER, JOSEPH G.
2000 E. ~~RIDGEWOOD~~ DR. *Edgewood Dr.*
STE. #108B
LAKELAND FL 33903

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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	CLARKSON, CHANDLER	
STREET ADDRESS	1409 PLANTATION CIR #403	
CITY-ST-ZIP	PLANT CITY FL	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HOOPINGARNER, CHARLES	
STREET ADDRESS	311 CLAYTON RD	
CITY-ST-ZIP	AUBURNDALE FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	SADLER, JERRE	
STREET ADDRESS	P.O. BOX 231 N/A	
CITY-ST-ZIP	HIGHLAND FL 33846	

TITLE	D	<input type="checkbox"/> DELETE
NAME	FLENKEN, BOB	
STREET ADDRESS	8040 GLENRIDGE LOOP W	
CITY-ST-ZIP	LAKELAND FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	MUHLHAN, MARK	
STREET ADDRESS	8409 WHISPER TR	
CITY-ST-ZIP	LAKELAND FL 33809	

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	BILL LIVINGSTON
2.3 STREET ADDRESS	1925 John Arthur Way
2.4 CITY-ST-ZIP	Lakeland, Florida 33803

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 Clarkson REQUIRED

1/14/98

941-859-4558

CR2E037 (10/97)