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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N25160

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



2. Principal Place of Business

21 **916 Brookwood Dr.**

Suite, Apt. #, etc.

22 City & State
LAKELAND, FL

Zip

24 **33813**

Country

2a. Mailing Address

26 **916 Brookwood Dr**

Suite, Apt. #, etc.

27 City & State
LAKELAND, FL

Zip

29 **33813**

Country

30

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

9. Name and Address of Current Registered Agent

BYWATER, JOSEPH G.

~~2000 E EDGEWOOD DR~~

~~STE. #108B~~

~~LAKELAND FL 33803~~

916 Brookwood Dr.

LAKELAND, FL

33813

10. Name and Address of New Registered Agent

81 Name

BYWATER, JOSEPH G.

82 Street Address (P.O. Box Number is Not Acceptable)

916 BROOKWOOD DR

83

City

LAKELAND

FL

85 Zip Code
33813

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

Jim Hutton for **JOSEPH G. BYWATER**

1-20-99

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** ☒ DELETE
NAME **CLARKSON, CHANDLER**
STREET ADDRESS **1409 PLANTATION CIR #403**
CITY-ST-ZIP **PLANT CITY FL**

TITLE **D** ☐ DELETE
NAME **LIVINGSTON, BILL**
STREET ADDRESS **1925 JOHN ARTHUR WAY**
CITY-ST-ZIP **LAKELAND FL 33803**

TITLE **D** ☐ DELETE
NAME **SADLER, JERRE**
STREET ADDRESS **P.O. BOX 231 N/A**
CITY-ST-ZIP **HIGHLAND FL 33846**

TITLE **D** ☒ DELETE
NAME **FLENKEN, BOB**
STREET ADDRESS **8040 GLENRIDGE LOOP W**
CITY-ST-ZIP **LAKELAND FL**

TITLE **D** ☒ DELETE
NAME **MUHLHAN, MARK**
STREET ADDRESS **8409 WHISPER TR**
CITY-ST-ZIP **LAKELAND FL 33809**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☒ Change ☐ Addition
1.2 NAME **BECKY BYWATER**
1.3 STREET ADDRESS **916 BROOKWOOD DR**
1.4 CITY-ST-ZIP **LAKELAND, FL 33813**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

4.1 TITLE **Jim Hutton** ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS **3621 CLEVELAND HTS. BLVD.**
4.4 CITY-ST-ZIP **LAKELAND, FL 33803**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE: *Jim Hutton*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-99

(914) 646 9462

Date

Daytime Phone #

CR2E037 (11/98)