

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Sep 10 1998 8:00am³
Secretary of State

DOCUMENT # N95000000993 (4)

1. Corporation Name

KARST UNDERWATER RESEARCH, INC.



Principal Place of Business

Mailing Address

404 S. WESTSHORE BLVD.
TAMPA FL 33609
US

PO BOX 13067
TAMPA FL 33681
US

3. Date Incorporated or Qualified

02/27/1995

4. FEI Number

59-3302373

Applied For

Not Applicable

2. Principal Place of Business

21 2606 W. Lykes Court

Suite, Apt. #, etc.

22

City & State

23 Tampa, FL

Zip

24 33611

Country

25 US

2a. Mailing Address

26 Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

9. Name and Address of Current Registered Agent

PETERSEN, JEFF
404 S WESTSHORE BLVD.
TAMPA FL 33609

10. Name and Address of New Registered Agent

81 Name

Petersen, Jeff

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

2606 W. Lykes Court

83

84 City

Tampa

FL

85 Zip Code

33611

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 CDP ☐ DELETE

NAME PETERSEN, JEFF

STREET ADDRESS 404 S. WESTSHORE BLVD.

CITY-ST-ZIP TAMPA FL

TITLE DV ☐ DELETE

NAME MINER, DAVID

STREET ADDRESS 5145 A RIVERFRONT DRIVE

CITY-ST-ZIP BRADENTON FL

TITLE DV ☐ DELETE

NAME STRAATSMA, STEVEN

STREET ADDRESS 8901 BEALER DRIVE

CITY-ST-ZIP TAMPA FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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 ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/98)