

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED  
Sep 24 1998 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1998</b>	 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P92000007875 (7)**  
1. Corporation Name

**OCALA DIVE CENTER, INC.**

Principal Place of Business

Mailing Address

**500 SW 10TH STREET**  
**SUITE 305**  
**OCALA FL 34474**

**500 SW 10TH STREET**  
**SUITE 305**  
**OCALA FL 34474**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**11/25/1992**

4. FEI Number

**51-3151082**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing

☐

**\$5.00** May Be  
Added to Fees

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

2. Principal Place of Business

2a. Mailing Address

**21 500 SW 10TH ST**

**26 500 SW 10TH ST**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22 SUITE 101**

**27 SUITE 101**

City & State

City & State

**23 Ocala FL**

**28 Ocala FL**

Zip

Country

**24 34474**

**25 USA**

Zip

Country

**29 34474**

**30 USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FOOTE, WILLIAM E**  
**500 SW 10TH ST**  
**SUITE 101**  
**OCALA FL 34474**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

**WILLIAM E FOOTE JR, PD**  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**9/18/98**

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **FOOTE, WILLIAM E JR.**  
STREET ADDRESS **1433 S.E. 8TH STREET**  
CITY-ST-ZIP **OCALA FL 34471**

TITLE **STD** ☐ DELETE

NAME **FOOTE, FRANCIS**  
STREET ADDRESS **91 SAN JUAN DR., STE. G-2**  
CITY-ST-ZIP **PONTE VEDRA 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

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

**WILLIAM E FOOTE JR, PD**  
Signature Required

**9/18/98 (352)7329779**

CR2E034 (5/98)