

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

DOCUMENT # **P93000001697**

1. Corporation Name

**BUD N' MARY'S NEW DIVE CENTER, INC.**

Principal Place of Business

**MILE MARKER 79.8  
ISLAMORADA FL 33036**

Mailing Address

**MILE MARKER 79.8  
ISLAMORADA FL 33036**

**FILED**  
**Aug 26, 1999 8:00 am**  
**Secretary of State**

08-26-1999 90010 012 \*\*\*550.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**01/07/1993**

4. FEI Number

**65-0384950**

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

8. This corporation owes the current year  
Intangible Personal Property. ☐ Yes ☒ No

2. Principal Place of Business

**21 79851 Overseas Hwy**

2a. Mailing Address

**26 P.O. Box 1126**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**23 Islamorada FLA**

City & State

**28 Islamorada FL**

Zip

**24 33036**

Country

**25 USA**

Zip

**29 33036**

Country

**30 USA**

9. Name and Address of Current Registered Agent

**BROACH, WILLIAM A  
63 CORTEZ LANE  
ISLAMORADA FL 33036**

10. Name and Address of New Registered Agent

81 Name

**LINDA COYNER**

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

**79851 Overseas Hwy**

83

84 City

**Islamorada**

FL

85 Zip Code

**33036**

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 **LINDA COYNER**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**7/23/99**

12. OFFICERS AND DIRECTORS

TITLE **DPT** ☒ DELETE

NAME **BROACH, WILLIAM A**  
STREET ADDRESS **63 CORTEZ LANE**  
CITY-ST-ZIP **ISLAMORADA FL 33036**

TITLE **DVS** ☒ DELETE

NAME **STANCZYK, SYLVIA**  
STREET ADDRESS **144 S. HAMMOCK DR.**  
CITY-ST-ZIP **ISLAMORADA FL 33036**

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 **PRESIDENT** ☐ Change ☒ Addition

1.2 NAME **PAIGE REMINGTON**  
1.3 STREET ADDRESS **79851 Overseas Highway**  
1.4 CITY-ST-ZIP **ISLAMORADA, FLA 33036**

2.1 TITLE **VICE PRESIDENT - SECY** ☐ Change ☒ Addition

2.2 NAME **LINDA COYNER**  
2.3 STREET ADDRESS **79851 Overseas Highway**  
2.4 CITY-ST-ZIP **ISLAMORADA, FLA 33036**

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:

**Linda Coyner**

**7/23/99**

Date

Daytime Phone #

**305 664-4414**

CR2E034 (5/99)