FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAR 16 AM 10:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000021247 (0)

1. Corporation Name
JACKSONVILLE SCUBANAUTS, INC.

Principal Place of Business	Mailing Address
4203 TAHNEE CT. JACKSONVILLE FL 32223	P.O. BOX 4370 JACKSONVILLE FL 32202-2270

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
03/18/1993	03/10/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number: 59-3170553 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SCHLEISSING, DIANE 4203 TAHNEE CT. JACKSONVILEL FL 32223	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	1.1 TITLE	DP	☒ Change ☐ Addition
NAME	SCHLEISSING, DIANE	1.2 NAME	HAASIS, BARBARA	
STREET ADDRESS	4203 TAHNEE CT.	1.3 STREET ADDRESS	1973 SEMINOLE BCH RD	
CITY-ST-ZIP	JACKSONVILLE FL 32223	1.4 CITY-ST-ZIP	ATLANTIC BCH, FL 32233	
TITLE	DV	2.1 TITLE	DV	☒ Change ☐ Addition
NAME	HAASIS, BARBARA	2.2 NAME	MCANAY, MARIA	
STREET ADDRESS	1973 SEMINOLE BCH, RD.	2.3 STREET ADDRESS	3947 PINE BREEZE RD S	
CITY-ST-ZIP	ATLANTIC BCH. FL 32233	2.4 CITY-ST-ZIP	JACKSONVILLE, FL 32257	
TITLE	DS	3.1 TITLE	DS	☒ Change ☐ Addition
NAME	BARNES, MARGARET	3.2 NAME	REDDY, CHRIS	
STREET ADDRESS	10421 BISCAYNE BLVD.	3.3 STREET ADDRESS	8319 VERMANTH RD	
CITY-ST-ZIP	JACKSONVILLE FL 32218	3.4 CITY-ST-ZIP	JACKSONVILLE, FL 32211	
TITLE	DT	4.1 TITLE	DT	☐ Change ☐ Addition
NAME	BARNES, MARGARET	4.2 NAME	BARNES, MARGARET	
STREET ADDRESS	10421 BISCAYNE BLVD.	4.3 STREET ADDRESS	10421 BISCAYNE BLVD (SAME)	
CITY-ST-ZIP	JACKSONVILLE FL 32218	4.4 CITY-ST-ZIP	JACKSONVILLE, FL 32218	
TITLE	DT	5.1 TITLE		☐ Change ☐ Addition
NAME	MCANAY, MARIA	5.2 NAME		
STREET ADDRESS	3947 PINE BREEZE RD. S.	5.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE	D	☒ Change ☐ Addition
NAME	ULLMANN, MARK	6.2 NAME	SCHLEISSING, DIANE	
STREET ADDRESS	1117 INWOOD TERRACE	6.3 STREET ADDRESS	4203 TAHNEE CT	
CITY-ST-ZIP	JACKSONVILLE FL 32207	6.4 CITY-ST-ZIP	JACKSONVILLE, FL 32223	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Diane Schleissing 3/9/95 904-798-8228
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Diane Schleissing, Director

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