FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # P93000021247 (0)

1. Corporation Name

JACKSONVILLE SCUBANAUTS, INC.

Principal Place of Business
4203 TAHNEE CT.
JACKSONVILLE FL 32223

Mailing Address
P.O. BOX 43370
JACKSONVILLE FL 32202-2270

3. Date Incorporated or Qualified: 03/18/1993
3a. Date of Last Report: 03/16/1995

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 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**

SCHLEISSING, DIANE
4203 TAHNEE CT.
JACKSONVILEL FL 32223

10. **Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
500001797745
83 -04/29/96--01026--019
***200.00
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 ~~Patricia Laverty~~
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP SCHLEISSING, DIANE 4203 TAHNEE CT. JACKSONVILLE FL 32223	☒ DELETE	Chris Reddy/ President 8319 Vermanth Rd. Jacksonville, FL 32211	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV HAASIS, BARBARA 1973 SEMINOLE BCH, RD. ATLANTIC BCH. FL 32233	☒ DELETE	Cindy McBride Brommer/VP 1420 East Coast Drive Atlantic Beach, FL 32233	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS BARNES, MARGARET 10421 BISCAYNE BLVD. JACKSONVILLE FL 32218	☒ DELETE	Paul Reddy/ Secretary 8319 Vermanth Rd. Jacksonville, FL 32211	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT BARNES, MARGARET 10421 BISCAYNE BLVD. JACKSONVILLE FL 32218	☒ DELETE	Patricia Laverty /Treasurer 1172 Linwood Loop Jacksonville FL 32259	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT MCANAY, MARIA 3947 PINE BREEZE RD. S. JACKSONVILLE FL	☒ DELETE	Margaret Barnes /Treasurer 10421 Biscayne Blvd Jacksonville, FL 32218	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ULLMANN, MARK 1117 INWOOD TERRACE JACKSONVILLE FL 32207	☒ DELETE	Haasis, Barbara 1073 Seminole Bch Rd. Atlantic Beach FL 32233	☒ Change ☐ Addition

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)(k), 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: Patricia Laverty — 4/25/96 — 9043633125
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)