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Jan 22 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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 32203-3370



3. Date Incorporated or Qualified

03/18/1993

3a. Date of Last Report

04/27/1996

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

SCHLESSING, DIANE
4203 TAHNEE CT.
JACKSONVILLE FL 32223

10. Name and Address of New Registered Agent

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

Signature typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME REDDY, CHRIS
STREET ADDRESS 8319 VERMANTH RD.
CITY-ST-ZIP JACKSONVILLE FL 32211 ☒ DELETE

TITLE S
NAME REDDY, PAUL
STREET ADDRESS 8319 VERMANTH RD.
CITY-ST-ZIP JACKSONVILLE FL 32211 ☒ DELETE

TITLE VP
NAME MCBRIDE, CINDY
STREET ADDRESS 1420 EAST COAST DR.
CITY-ST-ZIP ATLANTIC BCH. FL 32233 ☒ DELETE

TITLE T
NAME LAVERTY, PATRICIA
STREET ADDRESS 1172 LINWOOD LOOP
CITY-ST-ZIP JACKSONVILLE FL 32250 ☒ DELETE

TITLE T
NAME BARNES, MARGARET
STREET ADDRESS 10421 BISCAYNE BLVD.
CITY-ST-ZIP JACKSONVILLE FL 32218 ☐ DELETE

TITLE D
NAME HAASIS, BARBARA
STREET ADDRESS 1073 SEMINOLE BCH. RD.
CITY-ST-ZIP ATLANTIC BCH. FL 32233 ☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☒ Change ☐ Addition
1.2 NAME McAnany, Maria
1.3 STREET ADDRESS 3947 Pine Breeze Rd., S.
1.4 CITY-ST-ZIP Jacksonville, FL 32257

2.1 TITLE V ☒ Change ☐ Addition
2.2 NAME Stadler, Don
2.3 STREET ADDRESS 1437 Wolfe Street
2.4 CITY-ST-ZIP Jacksonville, FL 32205

3.1 TITLE S ☒ Change ☐ Addition
3.2 NAME Kurtz, Pam
3.3 STREET ADDRESS 4640 Tanbark Rd.
3.4 CITY-ST-ZIP Jacksonville, FL 32210

4.1 TITLE D ☒ Change ☐ Addition
4.2 NAME Reddy, Chris
4.3 STREET ADDRESS 8319 Vermanth Rd
4.4 CITY-ST-ZIP Jacksonville, FL 32211

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 do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-97

381-3515

Date Daytime Phone #

CR2E034 (9/96)