

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

**FILED**  
**Mar 03, 1999 8:00 am**  
**Secretary of State**

03-03-1999 90028 025 \*\*\*150.00

DOCUMENT # **P93000021247**

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**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**03/18/1993**

2. Principal Place of Business

**21**

Suite, Apt. #, etc.

**22**

City & State

**23**

Zip Country

**24**

**25**

2a. Mailing Address

**26**

Suite, Apt. #, etc.

**27**

City & State

**28**

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**SCHLEISSING, 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 *Mary Jo Davis, Treasurer*  
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*14 January 1999*  
DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE  
NAME **STADLER, DONALD**  
STREET ADDRESS **1249 HOLLYWOOD AVE.**  
CITY-ST-ZIP **JACKSONVILLE FL 32205**

TITLE **VP** ☐ DELETE  
NAME **HAMANN, LOWELL**  
STREET ADDRESS **9465 BAYMEADOWS RD. #884**  
CITY-ST-ZIP **JACKSONVILLE FL 32233**

TITLE **S** ☐ DELETE  
NAME **STOFFEL, PHYLLIS**  
STREET ADDRESS **1743 LISA AVE.**  
CITY-ST-ZIP **FERNANDINA BCH. FL 32034**

TITLE **PP** ☐ DELETE  
NAME **MCANAMY, MARIA**  
STREET ADDRESS **3947 PINE BREEZE RD. S**  
CITY-ST-ZIP **JACKSONVILLE FL 32257**

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P** ☒ Change ☐ Addition  
1.2 NAME **KRAUSE, JOHN D.**  
1.3 STREET ADDRESS **10105 COURTYARDS PLACE, W**  
1.4 CITY-ST-ZIP **JACKSONVILLE, FL 32256**

2.1 TITLE **VP** ☒ Change ☐ Addition  
2.2 NAME **BOMAR, TOM**  
2.3 STREET ADDRESS **100 BOARDWALK DR #826**  
2.4 CITY-ST-ZIP **PONTE VEDRA BEACH, FL 32082**

3.1 TITLE **T** ☒ Change ☐ Addition  
3.2 NAME **DAVIS, MARY JO**  
3.3 STREET ADDRESS **137 ABACO WAY**  
3.4 CITY-ST-ZIP **PONTE VEDRA BEACH, FL 32082**

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, with all other like empowered.

SIGNATURE:

*Mary Jo Davis*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*14 January 1999*  
Date  
904  
273-0510  
Daytime Phone #

CR2E034 (11/98)