

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$175)**

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 JUL -5 AM 8:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000032800 (2)

1. Corporation Name

UNDERWATER ADVENTURES, INC.

Principal Place of Business

**808 E GROVE AVE
TAMPA FL 33613**

Mailing Address

**808 E GROVE AVE
TAMPA FL 33613**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/28/1994

3a. Date of Last Report

4. FEI Number

59-3228728

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 (33)
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

State Apt. # etc.

State Apt. # etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LEHMAN, RONALD L
808 E GROVE AVE
TAMPA FL 33613**

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 607.01(2)(b) and 607.12(1)(b), 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 607.01(2)(b), Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Change of Registered Agent)

(Signature of Registered Agent or Change of Registered Agent)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

NAME
TITLE
STREET ADDRESS
CITY
STATE
ZIP CODE

**1. LEHMAN, RONALD L
808 E GROVE AVE
TAMPA FL 33613**

NAME
TITLE
STREET ADDRESS
CITY
STATE
ZIP CODE

☐ Change ☐ Action

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for this exemption stated in Section 119.02(1)(b), 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 record or trustee empowered to make this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or in an attachment with an address.

SIGNATURE: *Ronald Lee Lehman* President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RONALD L. LEHMAN

6/27/95 83-979-11632