

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 AM 10:25

DOCUMENT # P94000049557 (9)

1. Corporation Name

SCUBA SCRUB, INC.

Principal Place of Business

510 SOUTH DRIVE
ANNA MARIA ISLAND FL 34216

Mailing Address

P.O. BOX 2222
ANNA MARIA ISLAND FL 34216

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

07/05/1994

4. FBI Number TAX ID

65-0581222

☒ 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

7. This corporation has liability for franchise tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 511 South Drive

2a. Mailing Address

26 P.O. Box 339

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 B

27

City & State

City & State

23 Anna Maria, FL

28

24 34216

29

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9. Name and Address of Current Registered Agent

LAW FIRM OF LAWRENCE J. SPIEGEL CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

Daniel C Gagne

82 Street Address (P.O. Box Number is Not Acceptable)

511 South Dr.

83

B

84 City

Anna Maria

FL

85 Zip Code

34216

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

Handwritten Signature

(NOTE: Registered Agent signature required when reappointing)

4/25/95

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME GUERIN, ROND L
STREET ADDRESS 510 SOUTH DRIVE
CITY ST ZIP ANNA MARIA ISLAND FL 34216

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE V. P.
1.2 NAME Gagne, Amy L.
1.3 STREET ADDRESS 511 South Drive
1.4 CITY ST ZIP Anna Maria, FL 34216
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY ST ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY ST ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY ST ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY ST ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY ST ZIP
☐ Change ☐ Addition

REMITTED BY MAY 1

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:

Handwritten Signature
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.25.95

(813) 778-8681