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Mar 04 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 # P95000077535 (9)

1. Corporation Name

KEY LARGO REEF DIVERS, INCORPORATED

Principal Place of Business

100460 OVERSEAS HIGHWAY  
KEY LARGO FL 33037

Mailing Address

100460 OVERSEAS HIGHWAY  
KEY LARGO FL 33037-2547



3. Date Incorporated or Qualified

10/07/1995

3a. Date of Last Report

04/26/1996

4. FEI Number

65-0621280

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

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

HAIRE, WILLIAM C  
429 WOODLAWN AVENUE  
BELLEAIR FL

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME D  
STREET ADDRESS HAIRE, ROBERT T  
CITY-ST-ZIP 24 MARINA VILLAGE UNIT B  
KEY LARGO FL 33037

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE V ☐ Change ☒ Addition  
2.2 NAME GREG L. BUCK  
2.3 STREET ADDRESS 100460 OVERSEAS HWY  
2.4 CITY-ST-ZIP KEY LARGO, FL 33037

3.1 TITLE S ☐ Change ☒ Addition  
3.2 NAME WILLIAM C. HAIRE  
3.3 STREET ADDRESS 429 WOODLAWN AVE  
3.4 CITY-ST-ZIP BELLAIR, FL 34616

4.1 TITLE ASSISTANT SECRETARY ☐ Change ☒ Addition  
4.2 NAME TEYA L. DUART  
4.3 STREET ADDRESS 100460 OVERSEAS HWY  
4.4 CITY-ST-ZIP KEY LARGO, FL 33037

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 included 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 its 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:

*Robert T. Haire*

ROBERT T. HAIRE

1/10/97

305/451-2533

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)