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

PROFIT CORPORATION ANNUAL REPORT.



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P96000012446

MID-FLORIDA SCUBA SCHOOL, INC.

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90240 029 ***150.00



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Principal Plac		Mailing Address					
210 WOODWARD STREET 210 WOODWARD STREET							
LAKELAND FL 33803 LAKELANI		LAKELAND FL 33803		DO NOT WRITE IN THIS SP	DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualifed		-	
	•			02/05/1996			
2 Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Apr	olied For	
1/2/5	HIGHLAND PARK BLVD	26 4.0. BOX	5905	59-3 467097 3513237	<u> </u>	Applicable	
Suite, Apt.		- Suite, Apt. #, etc.	· <u> </u>		\$8.75 A	dditional	
22		27	,	5. Certificate of Status Desired	Fee Red	quired	
City & Stat	te -	City & State		6. Election Campaign Financing	\$5.00	Mav Be	
23 / AK	ELAND FL	28 LAKELAND), FL	Trust Fund Contribution	Added to		
Zip	Country	Zip	Country	8. This corporation owes the current year Intang	jible		
24 3381	3 25 $U S H$	29 <i>33807</i> 30	1 USB	Personal Property Tax.	Yes	□No	
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered Ag	ent		
		·	81 · Name	PIERCE J. GUARD, JR.			
GUARD, PIERCE J JR			82 Street	Address (P.O. Box Number is Not Acceptable)			
210 WOODWARD STREET				0133 SWALLOW DR.			
LAK	ELAND FL 33803	•	83				
			24		or 34 6	Podo e	
	1 × 1.		84 City L	AKELAND FL		3809	
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 ch	anging its	registered	
office or i	registered agent, or hath in the State of	florida. Such change was auth	orized by the corpo	corporation submits this statement for the purpose of charation's board of directors. I hereby accept the appointment of the appointment of the purpose of characteristics and the purpose of characteristics are the purpose of characteristics and the purpose of characteristics are the purpose of characteristics and the purpose of characteristics are the purpose of characteristics and the purpose of characteristics are the purpose of characteristics and the purpose of characteristics are the purpose of characteristics are the purpose of characteristics and the purpose of characteristics are the purpose of characteristics and the purpose of characteristics are the purpose of c	nent as reg	gistered	
agent. 1 a	im ramiliar with, and accept the obligation	risidi, secudi 607.0505, Florida	Chapp.	To 411	5195	?	
SIGNATURE	Signature, typed or printed name of registered agent is	and title if applicable. (NOTE: Re-	gistered Agent signature	equired when reinstating) DATE	7,00	/	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND	DIBECTO	RS IN 12	
TITLE	D	DELETE	1.1 TITLE	D& PRES.	Change	☐ Addition	
NAME .	GUARD, PIERCE J		1.2 NAME	PIERCE J. GUARD, JR.			
STREET ADDRESS	4000 N COVOTAL LAVE DD #07		1.3 STREET ADDRESS	6133 STUBLLOW DR.			
CITY-ST-ZIP	LAKELAND FL 33801		1.4 CITY-ST-ZIP	G133 FWALLDW OR. LAKELAND, FL 33809			
TITLE		☐ DELETE	2.1 TITLE		Change	☐ Addition	
NAME	·	·	2.2 NAME				
STREET ADDRESS			: 2.3 STREET ADDRESS				
			2.4 CITY-ST-ZIP		7.	:	
CITY-ST-ZIP TITLE	-	☐ DELETE	3.1 TITLE] Change	☐ Addition	
NAME	i		3.2 NAME				
			3.3 STREET ADDRESS				
STREET ADDRESS			3.4. CITY-ST-ZIP				
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TITLE		Change	Addition	
			4. 2 NAME		-		
NAME							
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE	<u> </u>	Change	Addition	
TITLE		M Derese	5.1 IIILE 5.2 NAME				
NAME	Į.		5.3 STREET ADDRESS				
STREET ADDRESS	1						
CITY-ST-ZIP		- Delete	5.4 CITY-ST-ZIP 6.1 TITLE	<u> </u>	Change	Addition	
TITLE		☐ DELETE		<u> </u>	-7 cuanda		
NAME	,		6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
			64 CITY-ST-7IP				

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 arrylar report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an office or director of the corporation or the receiver or that it is empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in officer or director of the corporation Block 12 or Block 13 if changes, of

SIGNATURE: