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

**PROFIT CORPORATION ANNUAL REPORT** 

1998

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 06 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000084662 (1)

THE GREAT AMERICAN DIVE CORPORATION

Principal Place of Business Mailing Address 7628 UNIVERSITY BLVD. 7628 UNIVERSITY DR. WINTER PARK FL 32792 WINTER PARK FL 32792 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/09/1996 Applied For 2a. Mailing Address 4, FEI Number 2, Principal Place of Business Not Applicable 59-3405091 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 City & State \$5.00 May Be City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 28 Žio Country Zip Country This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name VANPELT, JAMES W 12612 BIRCHBARK COURT 82 Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32828 83 84 City 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. (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. □ DE LETE Change Addition 1 1 101 6 TITLE VANPELT, JAMES W. 1.2 NAME NAME 12612 BIRCH BARK CT. STREET ADDRESS 1.3 STREET ADDRESS **ORLANDO FL** 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE 2.1 TITLE MASSORE, CHRISTOPHER 22 NAME NAME KALEA ST. 23 STREET ADDRESS STREET ADDRESS ORLANDO F 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 3.1 THLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP Change Addition TITLE ☐ DELETE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-S1-ZIP CITY-ST-ZIP Change \_\_\_ Addition DELETE TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE TITLE 6.1 TITLE 6.2 NAME NAME 6 3 STREET ADDRESS STREET ADDRESS

6.4 CiTY-ST-ZIP

14. Thereby 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 his 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.