

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

FILED

Jun 04 1998 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1998

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

DOCUMENT #

1. Corporation Name

Bold Adventurous Diving, Inc.

P 960000 95503

Principal Place of Business

Mail Address

3900 Commonwealth Blvd.,
Tallahassee FLA.
32304

1473 Knoxville Lane
Tallahassee FLA.
32304

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11-21-96

4. Filing Number

593914052

☒ 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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☐ No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

Jerome Robinson
1473 Knoxville Ln.
Tallahassee FLA.
32304

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, 607.02 and 607.03, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered
office or registration agent or both and to the Secretary of State. This 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 duties imposed by Section 607.03, Florida Statutes.

SIGNATURE

Jerome Robinson

4/29/98

12.

OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

PRESIDENT
Jerome Robinson
1473 Knoxville Ln.
Tallahassee FL 32304

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

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CITY, ST, ZIP

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NAME
STREET ADDRESS
CITY, ST, ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY, ST, ZIP

21 TITLE

☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY, ST, ZIP

31 TITLE

☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY, ST, ZIP

41 TITLE

☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY, ST, ZIP

51 TITLE

☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY, ST, ZIP

61 TITLE

☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY, ST, ZIP

500002552205

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***150.00

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14. I hereby certify that the information appearing in this report is true and correct to the best of my knowledge and belief. I further certify that the information indicated on this report is true and correct to the best of my knowledge and belief 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; and that I am authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report.

SIGNATURE:

Jerome Robinson

SIGNATURE AND PRINTED OR PUNCHED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Signature File #

CR2E034 (10/97)