

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 27, 1999 8:00 am
Secretary of State

07-27-1999 90030 033 ***150.00

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000054209

1. Corporation Name

DIVE ODYSSEA, INC.

Principal Place of Business

**621 NORTH 2ND STREET
FT. PIERCE FL 34948**

Mailing Address

**621 NORTH 2ND STREET
FT. PIERCE FL 34948**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/19/1997

4. FEI Number

65-0760270

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 the current year
Intangible Personal Property. ☐ Yes ☒ No

2. Principal Place of Business

21 621 N. 2ND ST.

Suite, Apt. #, etc.

22 City & State
FT. PIERCE, FL

Zip

24 34950

Country

25 USA

2a. Mailing Address

26 P.O. Box 3691

Suite, Apt. #, etc.

27 City & State
FT. PIERCE, FL

Zip

29 34948

Country

30 USA

9. Name and Address of Current Registered Agent

**HALL, KRISTA L
5775 CITRUS AVENUE
FT. PIERCE FL 34982**

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 **D** ☐ DELETE
NAME **HALL, KRISTA L**
STREET ADDRESS **5775 CITRUS AVENUE**
CITY-ST-ZIP **FT. PIERCE FL 34982**

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

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

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

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 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 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:

REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/22/99 561/460-1771

CR2E034 (5/99)

997000054209
596846-90030-33

DIVE ODYSSEA, INC.
621 North 2nd Street
Ft. Pierce, Florida 34950
(561) 460-1771 phone
(561) 460-1891

July 22, 1999

Division of Corporations
Annual Reports Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: Dive Odyssey, Inc.
FEI #: 65-0760270

Dear Sirs:

Enclosed please find the Profit Corporation Annual Report and a check in the amount of \$150.00 for the original filing fee for the above referenced.

I spoke to the Division of Corporations on this date and informed them that I did not receive a first notice and was quite shocked at the filing fee for the 2nd notice. Had I received a first notice I would have filed it appropriately. I can only guess that the omission was due to the incorrect zip code. I have completed items 2. and 2a. to hopefully correct this problem in the future.

Please advise if anything further is needed. Thank you.

Sincerely,



Krista L. Hall
President

KLH/me
Enc.