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

**PROFIT** ELORIDA DEPARTMENT DE STATE FILED CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 98 JUN -5 PH 3: 52 DIVISION OF CORPORATIONS 1998 P97000059281 (0) **DOCUMENT #** SECRETARY OF STATE tặc làhássee. Fľoriða NEPTUNE DIVERS OF LARGO, INC. Principal Place of Business Mailing Address 12499 SEMINOLE BLVD. 12499 SEMINOLE BLVD. **LARGO FL 33778** LARGO FL 33778 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/07/1997 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apl. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State \$5.00 May Be 6, Election Campaign Financing 23 Trust Fund Contribution Added to Fees Zip Country This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 

Yes No 24 25 30 29 g, Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 Name PULLIAM, NOEL S 12499 SEMINOLE BLVD. 82 Street Address (P.O. Box Number is Not Acceptable) **LARGO FL 33778** 83 84 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, typed or protect name of registered agent and title if applicable INOTE: Registered Agent signature required when reinstating) CR2E034 (10/97 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE 1,1 TITLE Change TITLE PULLIAM, NOEL S 1.2 NAME NAME 12916-142TH AVE. N. 1.3 STREET ADDRESS STREET ADDRESS **LARGO FL 33774** 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE TITLE 2.1 7(TLE PULLIAM, NANCY M \*\*\*\*150.00 NAME 2.2 NAME \*\*\*\*150.00 12916-142TH AVE. N. STREET ADDRESS 2.3 STREET ADDRESS **LARGO FL 33774** CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition 3 1 111LE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP DITETE Change Addition TITLE 41701F 4.2 NAME NAME STREET ADORESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-Z DELETE Change Addition 5.1 TILLE THE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 61 TITLE NAME 6.2 NAME

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 trusted 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 an allocking my with an address.

6.3 STREET ADDRESS

6.4 CITY-ST-7IP

STREET ADDRESS

CITY-ST-ZIP

Noel Scott Pulliam

813-585-1499