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

PROFIT CORPORATION ANNUAL REPORT 1999

1. Corporation Name



DOCUMENT # P97000073191

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

May 07, 1999 8:00 am Secretary of State

05-07-1999 90018 002 ***150.00

DOWN UNDER DIVE SERVICE, INC.					
Principal Place of Business	Mailing Address			# 10031001 110 10311 10031 00311 00311 00113 00113 10000 1	riter creca rates man rean
1066 VICTOR HERBERT DR. LARGO FL 33771	1066 VICTOR HERBERT DR. LARGO FL 33771			DO NOT WRITE IN THIS SPA	CE
				3. Date Incorporated or Qualifed 08/22/1997	
2. Principal Place of Business	2a. Mailing Address		_	4. FEI Number	Applied For
21 1675 STARKEY ROAD	26			59-3469242	Not Applicable
Suite, Apt. #, etc. 22 Suite A8	Suite, Apt. #, etc.			Le Cortifonto of Statue Decired	8.75 Additional Fee Required
City & State 23 LARGO FL	City & State			1	5.00 May Be Added to Fees
Zip Country 24 33771 25 USA	Zip 29 30	Countr	у	This corporation owes the current year Intangib Personal Property Tax.	
9. Name and Address of Current				10. Name and Address of New Registered Ager	t
NORMAN, WALTER R 1066 VICTOR HERBERT DR.			Name Street A	Address (P.O. Box Number is Not Acceptable)	
LARGO FL 33771		8	83		
		8-	4 City	FL 85	Zip Code
 Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligat 	of Florida. Such change was author	onzed b	y the corpo	corporation submits this statement for the purpose of chan ration's board of directors. I hereby accept the appointment	ging its registered nt as registered
SIGNATURE Signature, typad or printed name of registered agent	and title if applicable. (NOTE: Reg	gistered Ag	ent signature re	quired when reinstating) DATE	
12. OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DI	RECTORS IN 12
TITLE PT	☐ DELETE	1.1 TITLE			RECTORS IN 12 Change
NAME NORMAN, WALTER R 12		1.2 NAME			
STREET ADDRESS 1066 VICTOR HERBERT DR. 1.3			ET ADDRESS		

LARGO FL 33771 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE 21 BD E TITLE NORMAN, LUCINDA S 2.2 NAME NAME 1066 VICTOR HERBERT DR. 2.3 STREET ADDRESS STREET ADDRESS LARGO FL 33771 2. 4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change TITLE 4.1 TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS 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 path; 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, with all other like empowered.

SIGNATURE:

727-538-8565

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