

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED

00 AUG 24 AM 8:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000009334

1. Corporation Name

FLORIDA DIVE CENTER, INC.

Principal Place of Business

Mailing Address

1002 W. State Road 436
Altamonte Springs, FL 32714

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

1/21/98

3a. Date of Last Report

5/01/00

4. FEI Number

59-3493381

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 c/o Claudia Berkery

Suite, Apt. #, etc.

22 620 Burke Street

City & State

23 Altamonte Spgs., FL 32701

Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

William Shreve

1002 W. State Road 436, Suite 1012

Altamonte Springs, FL 32714

10. Name and Address of New Registered Agent

81 Name

DAWN S. BERKERY

82 Street Address (P.O. Box Number is Not Acceptable)

620 Burke Street

83

84 City

Altamonte Springs,

FL

85 Zip Code
32701

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

William Shreve
Signature typed or printed name of registered agent and fee applicable

DAWN S. BERKERY

(NOTE: Registered Agent signature required when reinstating)

7/14/00

DATE

12. OFFICERS AND DIRECTORS

TITLE PSTD
NAME William Shreve
STREET ADDRESS 1002 W. State Road 436, Suite 1012
CITY-ST-ZIP Altamonte Springs, FL 32714

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STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE PSTD ☒ Change ☐ Addition
12 NAME DAWN S. BERKERY
13 STREET ADDRESS 620 Burke Street
14 CITY-ST-ZIP Altamonte Springs, FL 32701

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP ☐ Change ☐ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP ☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP ☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 Attachment with an address.

SIGNATURE:

William Shreve
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAWN S. BERKERY
WILLIAM SHREVE

4/17/00
7/14/00

Date

Daytime Phone #