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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS ,

## DOCUMENT # P98000023580

1. Corporation Name

UNDERWATER ADVENTURES & CHARTERS, INC.

Principal Place of Business

Mailing Address

1436 LAKE BONNY DRIVE WEST

1436 LAKE BONNY DRIVE WEST

## FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90191 017 \*\*\*150.00



CANCLAIND FL 3	DOT CARCERING TE SOUCI		,	DO NOT WRITE IN THIS	SPACE
	•		İ	3. Date Incorporated or Qualifed 03/12/1998	
2. Principal Pl	ace of Business  FINE WAY AUE	2a. Mailing Address 26 2918 PIN€	WAY AUE	4. FEI Number 59-3511970	Applied For Not Applicable
Suite, Apt.	#, etc. ' • ' · · · · · · · · · · · · · · · · ·	Suite, Apt. #, etc		5. Certifcate of Status Desired	*\$8.75 Additional Fee Required
City & State	ELAND FL	City & State  28 LAKE LAND	PL:	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24 ろろ/	Country US		Country U.S	This corporation owes the current year In     Personal Property Tax.	tangible □ Yes <b>(∦)</b> No
24 3 36	9. Name and Address of Current I		1	10. Name and Address of New Registered	
81 Name					
HOBSON, PETER J					
606 E. MADISON STREET			82 Street Address (P.O. Box Number is Not Acceptable)		
TAMPA FL 33602					
			**		
			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  DATE					
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	D	☐ DELETE 1.	1 TITLE D	ROBERT G	Change Addition
NAME	BECKNER, ROBERT G		2 NAME	SECTION AND AVE	' ·
STREET ADDRESS	1436 LAKE BONNY DRIVE WEST	1.	3 STREET ADDRESS 2	918 PINE WAY WE	33803
CITY-ST-ZIP	LAKELAND FL 33801	1.	4 CITY-ST-ZIP	SECKNER, ROBERT G 918 PINE WAY AVE AKELAND FL	33803
TITLE	C2:	☐ DELETE 2.	.1 III E	r	Change CAddition C
NAME	` ·	2.	2 NAME C	ECELIA M BECKNER	
STREET ADDRESS		2.	3 STREET ADDRESS 3	418 PINEWAY AUE	
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STREET ADDRESS	es and as	4.	3 STREET ADDRESS		
CITY-ST-ZIP	·	4.	.4 CITY-ST-ZIP		<u> </u>
TITLE			1 TITLE		☐ Change ☐ Addition
NAME		5.	2 NAME		
STREET ADDRESS		5.	.3 STREET ADDRESS		
CITY-ST-ZIP		5.	4 CITY-ST-ZIP		
TITLE		☐ DELETE 6.	.1 TITLE i		☐ Change ☐ Addition
NAME		б.	2 NAME		
STREET ADDRESS		6.	3 STREET ADDRESS		
GINLLI MUUNESS			A CITY-ST-7IP		

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, with all other like empowered.

SIGNATURE: