2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2017
Secretary of State
CC0549835867

DOCUMENT# P12000082769

Entity Name: SCUBALIFE CORP.

Current Principal Place of Business:

108 LAWTON AVE
JACKSONVILLE, FL 32208

Current Mailing Address:

PO BOX 3432
JACKSONVILLE, FL 32206 US

FEI Number: 46-2798864

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

STONEBURNER, GRESHAM R
200 W FORSYTH STREET
SUITE 1610
JACKSONVILLE, FL 32202 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	D	Title	D
Name	BLACK, LONNYE RAY	Name	BLACK, LONNYE RAY II
Address	9610 NW 115TH AVE	Address	9610 NW 115TH AVE
City-State-Zip:	OCALA FL 34482	City-State-Zip:	OCALA FL 34482

Title	D
Name	BLACK, EMILY V
Address	520 SHAW LAKE RD
City-State-Zip:	PIERSON FL 32180

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LONNYE RAY BLACK DIRECTOR 02/17/2017

Electronic Signature of Signing Officer/Director Detail — Date