

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

**APPROVED  
AND  
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98 MAY 10 AM 10:25

STATE OF FLORIDA  
DEPARTMENT OF STATE  
1995



DOCUMENT # **S09209** (5)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**BLACK DIAMOND CLAIMS SERVICE, INC.**

2. Mailing Address of Applicant 701 NW 22ND STREET P. O. BOX 5966 OCALA FL 34475 US		28. Mailing Address 701 NW 22ND STREET P. O. BOX 5966 OCALA FL 34478 US	
21. State Agent No.	26. Mailing Agency	22. State Agent No.	27. Mailing Agency
23. State	28. State	23. State	28. State
24. State	25. State	29. State	30. State

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation (or Dissolution)	3a. Date of Last Report
11/01/1990	05/01/1994
4. FEI Number	Applied For
59-3033928	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent  <b>STEPHENSON, KATHERINE ANNE</b> 701 NW 22ND ST OCALA FL 32670		10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City 85. Zip Code <b>FL 34475</b>	
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11. Pursuant to the provisions of Sections 607.01(2) and 607.1008, 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 aware with and consent the adoption of Section 607.01(2), Florida Statutes.

SIGNATURE \_\_\_\_\_

12. OFFICERS AND DIRECTORS 12.1 NAME: <b>DP STEPHENSON, KATHERINE A.</b> 12.2 STREET ADDRESS: <b>5311 N.W. 61ST LANE</b> 12.3 CITY, STATE, ZIP: <b>OCALA FL 34482</b>		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (P. 1) 13.1 NAME: <b>DS Henry Bruning</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 13.2 STREET ADDRESS: <b>9218 Waldo Rd.</b> 13.3 CITY, STATE, ZIP: <b>Gainesville, FL 32609</b>	
12.4 NAME: <del>STONE, J. MICHAEL</del> <b>Delete</b> 12.5 STREET ADDRESS: <del>1021 N.W. 44TH ST</del> 12.6 CITY, STATE, ZIP: <del>OCALA FL</del>		13.4 NAME: _____ 13.5 STREET ADDRESS: _____ 13.6 CITY, STATE, ZIP: _____	
12.7 NAME: _____ 12.8 STREET ADDRESS: _____ 12.9 CITY, STATE, ZIP: _____		13.7 NAME: _____ 13.8 STREET ADDRESS: _____ 13.9 CITY, STATE, ZIP: _____	
12.10 NAME: _____ 12.11 STREET ADDRESS: _____ 12.12 CITY, STATE, ZIP: _____		13.10 NAME: _____ 13.11 STREET ADDRESS: _____ 13.12 CITY, STATE, ZIP: _____	
12.13 NAME: _____ 12.14 STREET ADDRESS: _____ 12.15 CITY, STATE, ZIP: _____		13.13 NAME: _____ 13.14 STREET ADDRESS: _____ 13.15 CITY, STATE, ZIP: _____	

14. I, the undersigned, certify that the information supplied with this filing is substantially true and correct and that I am qualified for the appointment stated in Section 119.01(2), Florida Statutes. I further certify that the information was filed on this annual report or supplemental annual report as 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 person or persons authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1, of this filing as required by the provisions of the Florida Statutes.

SIGNATURE: *Katherine Stephenson* Katherine Stephenson 5-5-95 904-867-0507  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR