

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Jul 09, 1999 8:00 am**  
**Secretary of State**

07-09-1999 90012 028 \*\*\*550.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # S09209

Corporation Name  
**BLACK DIAMOND CLAIMS SERVICE, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 01 NW 22ND STREET, Ocala FL 34475  
 Mailing Address: P O BOX 5966, Ocala FL 34478 US

3. Date Incorporated or Qualified: 11/01/1990

4. FEI Number: 59-3033928

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property: Yes No

2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent: STEPHENSON, KATHERINE ANNE, 701 NW 22ND ST, Ocala FL 34475

10. Name and Address of New Registered Agent: 81 Name, 82 Street Address, 83, 84 City, 85 Zip Code

I, 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME: DP STEPHENSON, KATHERINE A.	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 5311 N.W. 61ST LANE		1.2 NAME	
CITY-STATE-ZIP: Ocala FL		1.3 STREET ADDRESS	
		1.4 CITY-STATE-ZIP	
NAME: DS BRUNING, HENRY	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 9218 WALDO RD.		2.2 NAME	
CITY-STATE-ZIP: GAINESVILLE FL		2.3 STREET ADDRESS	
		2.4 CITY-STATE-ZIP	
NAME: [Blank]	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: [Blank]		3.2 NAME	
CITY-STATE-ZIP: [Blank]		3.3 STREET ADDRESS	
		3.4 CITY-STATE-ZIP	
NAME: [Blank]	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: [Blank]		4.2 NAME	
CITY-STATE-ZIP: [Blank]		4.3 STREET ADDRESS	
		4.4 CITY-STATE-ZIP	
NAME: [Blank]	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: [Blank]		5.2 NAME	
CITY-STATE-ZIP: [Blank]		5.3 STREET ADDRESS	
		5.4 CITY-STATE-ZIP	
NAME: [Blank]	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: [Blank]		6.2 NAME	
CITY-STATE-ZIP: [Blank]		6.3 STREET ADDRESS	
		6.4 CITY-STATE-ZIP	

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.

SIGNATURE: *Katherine Harris*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_

CR2E034 (5/99)