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Jan 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F94000000114 (8)

1. Corporation Name
DIVERSCO, INC.

Principal Place of Business
105 DIVERSCO DR.
SPARTANBURG SC 29307

Mailing Address
P.O. BOX 5527
SPARTANBURG S. 29304-5527
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

3. Date Incorporated or Qualified

01/07/1994

3a. Date of Last Report

01/24/1996

4. FEI Number

57-0708399

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

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

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

83

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

12. OFFICERS AND DIRECTORS

TITLE	VTD	<input type="checkbox"/> DELETE
NAME	BAIN, DON R	
STREET ADDRESS	105 DIVERSCO DR	
CITY-ST-ZIP	SPARTANBURG SC 29307	
TITLE	VSTD	<input checked="" type="checkbox"/> DELETE
NAME	BAIN, DON R	
STREET ADDRESS	105 DIVERSCO DR.	
CITY-ST-ZIP	SPARTANBURG SC 29307	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	JACKSON, STAN H	
STREET ADDRESS	105 DIVERSCO DR.	
CITY-ST-ZIP	SPARTANBURG SC 29307	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BAILEY, DUSTIN L	
STREET ADDRESS	105 DIVERSCO DR.	
CITY-ST-ZIP	SPARTANBURG SC 29307	
TITLE	V	<input type="checkbox"/> DELETE
NAME	RICHARDSON, CANTEY M	
STREET ADDRESS	105 DIVERSCO DR.	
CITY-ST-ZIP	SPARTANBURG SC 29307	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MACNAB, CRAIG	
STREET ADDRESS	105 DIVERSCO DR.	
CITY-ST-ZIP	SPARTANBURG SC 29307	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PCEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	HUDSON, WILLIAM A.	
1.3 STREET ADDRESS	105 DIVERSCO DRIVE	
1.4 CITY-ST-ZIP	SPARTANBURG SC 29307	
2.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	HUDSON, BETH A	
2.3 STREET ADDRESS	105 DIVERSCO DRIVE	
2.4 CITY-ST-ZIP	SPARTANBURG SC 29307	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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:

DON R. BAIN, TREASURER

1-7-97

864/579-3420

Date

Daytime Phone #

0010712

CR2E034 (9/96)