## 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 # 1. Corporation Name

F94000000114 (8)

DIVERSOO, INC

**FILED** May 07, 1999 8:00 am Secretary of State

05-07-1999 90022 009 \*\*\*150.00

D1 1 D1											
Principal Place of Business Mailing Address											
105 F	TVERSON DR	<b>-</b>	o. BOX 5527	7							
					30	14		DO NOT WRITE IN THIS SPACE			
SPARTANBURG SC 29307 SPARTANBURG SC							3.	3. Date Incorporated or Qualifed			
			-					01/07/94			
2. Principal	Il Place of Business 2a. Mailing Address							. FEI Number		A	pplied For
21	26							57-0708399		N	ot Applicable
Suite, Ap	t. #, etc.		Suite, Apt. #, etc.				5	Certifcate of Status Desired		•	Additional
22		27					J.	Certificate of Status Desired	<u> </u>	Fee R	equired
	City & State City & St			rate			6.	Election Campaign Financing			May Be to Fees
23 Zip	Country	28	Zip	Cou	nirv			Trust Fund Contribution			to Fees
24	25 29				у		8.	<ul> <li>This corporation owes the current Personal Property Tax.</li> </ul>	ent year ir	rangible — ☐ Yes	
24	9. Name and Address of Current			30			10	Name and Address of New I	Registered		
	3. Name and Address of Current	regist	erea Agent		81	Name		Hante and Addition of Hell 1	tegiaterea	Agent	
OTT. CC	DDODATION CVCTEM										
CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD.					82	Street A	Address (F	P.O. Box Number is Not Accepta	able)		
				- 1	83						
PLANT	PATION FL 33324				"						
					84	City			FI	85 Zip	Code
44 5			7.4500 Flacida Otata							-	registered
office or	t to the provisions of Sections 607.0502 registered agent, or both, in the State of	f Florida	7,1508, Florida Statute a. Such change was au	s, the at thorized	by 1	rnamed c the corpor	corporation oration	n submits this statement for the pard of directors. I hereby acces	purpose o ot the appo	intment as re	gistered
	am familiar with, and accept the obligation							·			
SIGNATURE	<u> </u>										
40	Signature, typed or printed name of registered agent			_	Agent	signature rec	equired when r	reinstating) ADDITIONS/CHANGES TO OF	DATE	ND DIDECT	3DC IN 12
12.	OFFICERS AND	DIREC	DELETE	13.	1.5		PCEC		FICERS A	Change	X Addition
TITLE										Change	A. J. Addition
NAME				1.2 NA			1	CE, MICHAEL R.			
STREET ADDRESS	S					ADDRESS		DIVERSCO DRIVE	_		
CITY-ST-ZIP			T per exe	1.4 CIT		-ZIP	SPAR	RTANBURG, SC 2930	/	Chares	[ ] Addition
TITLE	VTD		☐ DELETE	2.1 TIT		}				Change	
NAME	BAIN, DON R			2.2 NA							
STREET ADDRES	\$ 105 DIVERSCO DRIVE			2.3 ST	REET	ADDRESS					
CITY-ST-ZIP	SPARTANBURG, SC 2930	)7		2. 4 Cl		T-ZIP					= 1.100
TITLE	PCEO		☐ DELETE	3.1 111	LE	ĺ	D			Change	Addition
_NAME_	HUDSON; WILLIAM A			3.2 NA	ME		-HUDS	SON, WILLIAM A			
STREET ADDRESS	s 105 DIVERSCO DR			3.3 ST	REET	ADDRESS	105	DIVERSCO DRIVE			
CITY-ST-ZIP	SPARTANBURG, SC 2930	77		3.4. CI		T-ZIP		RTANBURG, SC-2930	7		
TITLE	VD			4.1 TIT	LE		v			X Change	Addition
NAME	JACKSON, STAN H			4.2 NA	ME		JACK	KSON, STAN H			
STREET ADDRESS				4.3 ST	REET	ADDRESS	105	DIVERSCO DRIVE			
CITY-ST-ZIP	SPARTANBURG, SC 2930	27		4.4 CIT		-ZIP	SPAF	RTANBURG, SC 2930	7		
TITLE	V		☐ DELETE	5.1 TIT		ļ				Change	Addition
NAME	BAILEY, DUSTIN L			5.2 NA							
STREET ADDRESS	1			1		ADDRESS					
CITY-ST-ZIP	SPARTANBURG, SC 2930	77		5.4 CIT		- ZIP					
TITLE	V	-	☐ DELETE	6.1 TIT	LE				_	Change	Addition
NAME	RICHARDSON, CANTEY N	٩		6.2 NA	ME						
STREET ADDRESS	1			6.3 STI	REET	ADDRESS					
CITY.ST. ZIP	CDADEANDIDG CC 2020	22		6.4 CIT	Y-ST	-ZIP					

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 suppliemental 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 any attachment with an apprecase, with all other like empowered.

SIGNATURE:

NG OFFICER OR DIRECTOR

Michael R. Price

4/27/99

CR2E034 (11/98)