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FILED

Mar 12 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 # 181530 (7)

1. Corporation Name

DIAMOND M. RANCH, INC.

Principal Place of Business

1641 JORDAN TERRACE  
DELTONA FL 32725  
US

Mailing Address

1641 JORDAN TERR  
DELTONA FL 32725-4809  
US

3. Date Incorporated or Qualified

11/08/1954

3a. Date of Last Report

04/09/1996

2. Principal Place of Business

21 2075 WIGGLEY FARMS RD

22. Mailing Address

22 2075 WIGGLEY FARMS RD

FEI Number

59-0796095

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

City & State

23 DELTONA FLA

City & State

28 DELTONA FLA

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

Zip

24 32725

Country

25 FLORIDIA

Zip

29 32725

Country

30 FLORIDIA

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MARIE GARGUILO  
1641 JORDAN TERRACE  
DELTONA FL 32725

10. Name and Address of New Registered Agent

81 Name

MARIE L MITCHELL

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

2075 WIGGLEY FARMS RD

83

84 City

DELTONA

FL

85 Zip Code

32725

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

Marie L Mitchell

3-5-97

Signature, typed or printed name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	GARGUILO, MARIE MITCHELL	
STREET ADDRESS	1641 JORDAN TERRACE	
CITY-ST-ZIP	DELTONA FL 32725	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	MITCHELL, WILLIAM E III	
STREET ADDRESS	1641 JORDAN TERRACE	
CITY-ST-ZIP	DELTONA FL 32725	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	MITCHELL, CAROL D.	
STREET ADDRESS	1641 JORDAN TERRACE	
CITY-ST-ZIP	DELTONA FL 32725	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PMITCHELL MARIE L	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	2075 WIGGLEY FARMS RD	
1.4 CITY-ST-ZIP	DELTONA FLA 32725	
2.1 TITLE	MITCHELL WILLIAM E III	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	2075 WIGGLEY FARMS RD	
2.4 CITY-ST-ZIP	DELTONA FLA 32725	
3.1 TITLE	ST.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MITCHELL CAROL D	
3.3 STREET ADDRESS	2075 WIGGLEY FARMS RD	
3.4 CITY-ST-ZIP	DELTONA FLA 32725	
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:

MARIE L MITCHELL 904 789-6504

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)