

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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
2075 WIGGLEY FARMS RD.
DELTONA FL 32725
US

Mailing Address
2075 WIGGLEY FARMS RD.
DELTONA FL 32725
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 559 MACY AVE Suite, Apt. #, etc. 22 City & State LAKE HELEN, FLA 23 Zip 32744 24 Country		2a. Mailing Address 26 559 MACY AVE Suite, Apt. #, etc. 27 City & State LAKE HELEN, FLA 28 Zip 32744 29 Country		3. Date Incorporated or Qualified 11/08/1954	
25		30		4. FEI Number 59-0796095 Applied For Not Applicable	
25		30		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent MARIE GARGUILO 2075 WIGGLEY FARMS RD. DELTONA FL 32725 DECEASED		10. Name and Address of New Registered Agent 81 Name CAROL MITCHELL 82 Street Address (P.O. Box Number is Not Acceptable) 559 MACY AVE 83 84 City LAKE HELEN FL 85 Zip Code 32744	
---	--	--	--

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: CAROL D. MITCHELL CAROL D. MITCHELL 4/30/98
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GARGUILO, MARIE MITCHELL 2075 WIGGLEY FARMS RD. DELTONA FL <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	P MITCHELL, Wm. E. III 559 MACY AVE LAKE HELEN, FLA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MITCHELL, WILLIAM E III 2075 WIGGLEY FARMS RD. DELTONA FL <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	V-P NONE <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MITCHELL, CAROL D. 2075 WIGGLEY FARMS RD. DELTONA FL <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	ST MITCHELL, CAROL D 559 MACY AVE LAKE HELEN, FLA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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: CAROL D. MITCHELL CAROL D. MITCHELL 4/30 904-796-6594

CR2E034 (10/97)