

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

FILED
Mar 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 208859 (9)
1. Corporation Name
DIAMOND B. ENTERPRISES

Principal Place of Business 200 E. FORSYTH ST JACKSONVILLE FL 32202 US	Mailing Address 200 E. FORSYTH ST JACKSONVILLE FL 32203 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 210 E. FORSYTH ST Suite, Apt. #, etc. 22 JACKSONVILLE, FLA. City & State 23 Zip 32202 Country FLA		2a. Mailing Address 26 210 E. FORSYTH ST. Suite, Apt. #, etc. 27 JACKSONVILLE, FLA. City & State 28 Zip 32202 Country FLA		3. Date Incorporated or Qualified 01/08/1958	4. FEI Number 59-6059634 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent BOYER, TYRIE A. 200 E. FORSYTH ST. JACKSONVILLE FL 32202		10. Name and Address of New Registered Agent 81 Name TYRIE A. BOYER 82 Street Address (P.O. Box Number is Not Acceptable) 210 E. FORSYTH ST. 83 JACKSONVILLE, FLA. 84 City JACKSONVILLE, FLA. 85 Zip Code FL 32202	
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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  DATE 3-18-98
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BOYER, TYRIE A. 200 E. FORSYTH STREET JACKSONVILLE FL <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	DIRECTOR + VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TYRIE A. BOYER 210 E. FORSYTH ST. JACKSONVILLE, FLA. 32202
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD BOYER, ELIZABETH 200 E. FORSYTH STREET JACKSONVILLE FL <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	DIRECTOR + SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ELIZABETH G. BOYER 210 E. FORSYTH ST. JACKSONVILLE, FLA. 32202
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD BOYER, TYRIE W. 200 E. FORSYTH STREET JACKSONVILLE FL <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	PRESIDENT + DIRECTOR <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition LEE G. BOYER 210 E. FORSYTH ST. JACKSONVILLE, FLA. 32202
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 in an attachment with an address.

SIGNATURE:  DATE 3-18-98 (904) 35813030

CR2E034 (10/97)