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

CITY-ST-ZIP

SIGNATURE:

May 12 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # 280611 (5)DIAMOND "D" FARMS, INC. Principal Place of Business Mailing Address 8620 85TH STREET 9620 85TH STREET VERO BEACH FL 32980 VERO BEACH FL 32960 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified **04/20/1964** FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-1088751 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Country This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 MCHUGH, JOHN JOSEPH JR. 333 17TH ST., SUITE U 62 Street Address (P.O. Box Number is Not Acceptable) VERO BEACH FL 32960 83 84 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 apolicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change 1.1 TITLE TITLE DAVIS, JACK L CR2E034 NAME 1.2 NAME **8620 85TH STREET** STREET ADDRESS 1.3 STREET ADDRESS VERO BEACH FL CITY-ST-ZIP 1.4 CITY-ST-ZIP Change Addition TITLE DELETE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE 5.1 TITLE Change ___ Addition TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-2)P DELETE Addition Change TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 63 STREET ADDRESS

64 CITY-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 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 as if Changed, or on an attachment with an address.

FILED