

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 559875 (0)

1. Corporation Name

DIAMOND C CONSTRUCTION CO., INC.



Principal Place of Business

1920 PALM BEACH LAKES BLVD.
SUITE 202
WEST PALM BEACH FL 33409

Mailing Address

1920 PALM BEACH LAKES BLVD.
SUITE 202
WEST PALM BEACH FL 33409

2. Principal Place of Business

21 5841 Corporate Way

22 Suite, Apt. #, etc.
Suite 100

23 City & State
West Palm Beach, FL

24 Zip
33407

25 Country
Palm Beach

2a. Mailing Address

26 5841 Corporate Way

27 Suite, Apt. #, etc.
Suite 100

28 City & State
West Palm Beach, FL

29 Zip
33407

30 Country
Palm Beach

3. Date Incorporated or Qualified

02/15/1978

3a. Date of Last Report

06/09/1995

4. FEI Number

59-1807963

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

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

9. Name and Address of Current Registered Agent

WILSON, N. GRIFFIN
1920 PALM BEACH LAKES BLVD
SUITE 202
WEST PALM BEACH FL 33409

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
5841 Corporate Way

83 Suite 100

84 City
West Palm Beach

85 FL Zip Code
33407

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 if not acceptable, date

Signature, typed or printed name of registered agent, and if not acceptable, date

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP
PDST
WILSON, N. GRIFFIN
1920 PALM BEACH LAKES BLVD
WEST PALM BEACH FL 33409

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
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TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

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-05/20/96--01005--001
***3400.00

☐ Change ☐ Addition

5-17-96

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
N. Griffin Wilson, Pres.

4-25-96

407-689-4488

Daytime Phone #

CR2E034 (12/95)