

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 AM 11:45**

DOCUMENT # 579984

(6)

1. Corporation Name

DIVERSIFIED FINANCIAL PROGRAMS, INC.

Principal Place of Business

**24 HOPSON ROAD
JACKSONVILLE BEACH FL 32250**

Mailing Address

**24 HOPSON ROAD
JACKSONVILLE BEACH FL 32250**

DO NOT WRITE IN THIS SPACE

3. Date for Corporate Tax Quarterly

07/24/1978

3a. Date of Last Report

02/03/1994

4. FTT Number

59-1838303

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 FS, 1980.32,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

2b. Mailing Address

26

State, Apt. #, etc.

State, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**POLAND, J M
24 HOPSON ROAD
JACKSONVILLE BEACH, FL
32250**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Numbers Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0302 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 607.0303, Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Director)

(Signature of Registered Agent or Director)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE

**SD
POLAND, J M
24 HOPSON RD
JACKSONVILLE BCH, FL 00000**

2. TITLE

**PD
POLAND, R. E.
24 HOPSON RD.
JACKSONVILLE BEACH FL**

3. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

4. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

5. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

6. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

7. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

8. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY, ST, ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY, ST, ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY, ST, ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY, ST, ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY, ST, ZIP

25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY, ST, ZIP

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.02(9)(b), Florida Statutes. I further certify that the information included 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. I am providing a true and correct copy of this report to every officer and director of this corporation as required by Chapter 199, Florida Statutes, and that my name appears in Block 12 of this filing. If I am changed, I must submit this statement with an address.

SIGNATURE:

JM Poland **JM POLAND**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/95 **90/2460061**
DATE AND TYPED OR PRINTED NAME OF REGISTERED AGENT