

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 593535 (8)

1. Corporation Name

DIVERSIFIED CONTRACTING, INC.



Principal Place of Business

7200 GARDNER STREET
WINTER PARK FL 32792

Mailing Address

7200 GARDNER STREET
WINTER PARK FL 32792

3. Date Incorporated or Qualified

11/16/1978

3a. Date of Last Report

03/27/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-1851042

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

22

27

23

28

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROSE, MARK J
700 SPRINGVIEW DR
ORLANDO 32807

81 Name

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

83

84 City

FL

85 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 applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

VP

☐ DELETE

1.1 TITLE

☐ Change ☐ Addition

NAME

ROSE, JAMES E.

1.2 NAME

STREET ADDRESS

4710 FONTANA ST.

1.3 STREET ADDRESS

CITY - ST - ZIP

ORLANDO FL

1.4 CITY - ST - ZIP

TITLE

P

☐ DELETE

2.1 TITLE

☐ Change ☐ Addition

NAME

ROSE, MARK J.

2.2 NAME

STREET ADDRESS

700 SPRINGVIEW DRIVE

2.3 STREET ADDRESS

CITY - ST - ZIP

ORLANDO FL

2.4 CITY - ST - ZIP

TITLE

ST

☐ DELETE

3.1 TITLE

☐ Change ☐ Addition

NAME

FREEMAN, KATRINA

3.2 NAME

STREET ADDRESS

RT 4 BOX 504A N/A

3.3 STREET ADDRESS

CITY - ST - ZIP

CARTHAGE MO

3.4 CITY - ST - ZIP

TITLE

☐ DELETE

4.1 TITLE

☐ Change ☐ Addition

NAME

4.2 NAME

STREET ADDRESS

4.3 STREET ADDRESS

CITY - ST - ZIP

4.4 CITY - ST - ZIP

TITLE

☐ DELETE

5.1 TITLE

☐ Change ☐ Addition

NAME

5.2 NAME

STREET ADDRESS

5.3 STREET ADDRESS

CITY - ST - ZIP

5.4 CITY - ST - ZIP

TITLE

☐ DELETE

6.1 TITLE

☐ Change ☐ Addition

NAME

6.2 NAME

STREET ADDRESS

6.3 STREET ADDRESS

CITY - ST - ZIP

6.4 CITY - ST - ZIP

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

1-23-96

407-679-1914

Date

Daytime Phone #

CR2E034 (12/95)