

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 1:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F26388

(1)

1. Corporation Name

DIEHL, INC.

Principal Place of Business

**18 MARCO LAKE DR
PO BOX 222
MARCO ISLAND FL 33969**

Mailing Address

**18 MARCO LAKE DR
PO BOX 222
MARCO ISLAND FL 33969**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/01/1981

3a. Date of Last Report

04/08/1994

4. FEI Number

59-2067519

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. 190.032,
Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**KOWEL, ALEX
18 MARCO LAKE DR
MARCO ISLAND FL 33937**

10. Name and Address of New Registered Agent

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	KOWEL, ALEX
STREET ADDRESS	18 MARCO LAKE DR
CITY - ST - ZIP	MARCO ISLAND FL
TITLE	V
NAME	PENCE, DAVID N
STREET ADDRESS	18 MARCO LAKE DR
CITY - ST - ZIP	MARCO ISLAND FL
TITLE	V
NAME	KOWEL, KEVIN H
STREET ADDRESS	18 MARCO LK DR
CITY - ST - ZIP	MARCO ISLD FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PTD	☒ Change ☐ Addition
1.2 NAME	KOWEL, ALEX	
1.3 STREET ADDRESS	18 MARCO LAKE DR.	
1.4 CITY - ST - ZIP	MARCO ISLAND, FL	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	delete	☒ Change ☐ Addition
3.2 NAME	KOWEL, KEVIN	
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	S	☐ Change ☒ Addition
4.2 NAME	KLUG, CLAUDIA	
4.3 STREET ADDRESS	18 MARCO LAKE DR.	
4.4 CITY - ST - ZIP	MARCO ISLAND, FL	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 118.07(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:

Claudia B. Klug

Secretary

K-28-95 (813) 394-0015

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

Date

Daytime Phone #