

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 19, 1999 8:00 am
Secretary of State

08-19-1999 90006 033 ***550.00

DOCUMENT # F76749

1. Corporation Name

DIAMOND PRODUCTS COMPANY

Principal Place of Business

3901 RIGA BLVD
BOX 1261
TAMPA FL 33619

Mailing Address

3901 RIGA BLVD
BOX 1261
TAMPA FL 33619

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/19/1982

4. FEI Number

59-2188406

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 owes the current year
Intangible Personal Property. ☐ Yes ☐ No

2. Principal Place of Business

21 **3901 COCONUT PALM DR**

Suite, Apt. #, etc.

22 **SUITE 100**

City & State

23

Zip

24

Country

25

2a. Mailing Address

26 **P.O. Box 1777**

Suite, Apt. #, etc.

27

City & State

28 **MANGO FL**

Zip

29 **33550**

Country

30 **USA**

9. Name and Address of Current Registered Agent

**ARTHUR, THOMAS D.
3405 MORRISON AVENUE
TAMPA FL 33629**

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DC** ☐ DELETE

NAME **ARTHUR, THOMAS D**

STREET ADDRESS **3901 RIGA BLVD**

CITY-ST-ZIP **TAMPA, FL 00000**

TITLE **V** ☒ DELETE

NAME **FREEMAN, JEFF E.**

STREET ADDRESS **3901 RIGA BLVD**

CITY-ST-ZIP **TAMPA, FL 00000**

TITLE **D** ☒ DELETE

NAME **MORGAN, W.T., III**

STREET ADDRESS **3901 RIGA BLVD**

CITY-ST-ZIP **TAMPA, FL 00000**

TITLE **PD** ☐ DELETE

NAME **BRIDGES, E. BARTON**

STREET ADDRESS **3901 RIGA BOULEVARD**

CITY-ST-ZIP **TAMPA FL**

TITLE **VST** ☐ DELETE

NAME **SMITH, THAYER**

STREET ADDRESS **3901 RIGA BOULEVARD COCONUT DRIVE STE 100**

CITY-ST-ZIP **TAMPA FL**

TITLE **ASST TREASURY CONTROLLER** ☐ DELETE

NAME **BRUCE STAFFORD**

STREET ADDRESS **3901 COCONUT DRIVE STE 100**

CITY-ST-ZIP **TAMPA FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **VP** ☐ Change ☒ Addition

1.2 NAME **WAYNE MENDES**

1.3 STREET ADDRESS **3901 COCONUT PALM DR STE 100**

1.4 CITY-ST-ZIP **TAMPA, FL**

2.1 TITLE **VP** ☐ Change ☒ Addition

2.2 NAME **NANCY KOSTER**

2.3 STREET ADDRESS **906 GREENWAY**

2.4 CITY-ST-ZIP **YONKERS, NY**

3.1 TITLE **VP** ☐ Change ☒ Addition

3.2 NAME **HENRY BRAUNWILL**

3.3 STREET ADDRESS **3901 COCONUT PALM DR STE 100**

3.4 CITY-ST-ZIP **TAMPA, FL**

4.1 TITLE **VP** ☐ Change ☒ Addition

4.2 NAME **CURTIS WOJCIKOWSKI**

4.3 STREET ADDRESS **3901 COCONUT PALM DR STE 100**

4.4 CITY-ST-ZIP **TAMPA, FL**

5.1 TITLE **VP** ☐ Change ☐ Addition

5.2 NAME **DAVID ALEXANDER**

5.3 STREET ADDRESS **3901 COCONUT PALM DR STE 100**

5.4 CITY-ST-ZIP **TAMPA, FL**

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/14/99

813-622-8855

CR2E034 (5/99)