

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 # **G63408** (0)

1. Corporation Name

DIAMOND FERN, INC.



Principal Place of Business

**OLD US HIGHWAY 17 NORTH
P.O. BOX 202
CRESCENT CITY FL 32112**

Mailing Address

**OLD US HIGHWAY 17 NORTH
P.O. BOX 202
CRESCENT CITY FL 32112**

3. Date Incorporated or Qualified

10/04/1983

3a. Date of Last Report

02/24/1995

4. FEI Number **59-3335931**

NOT APPLICABLE

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

10. Name and Address of New Registered Agent

**NEWBOLD, JOHN R. JR
RT 2 BOX 105
OLD HIGHWAY 17
CRESCENT CITY FL 32112**

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 607.1506, 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 (if applicable)

Signature typed or printed name of new registered agent (if applicable)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE

NAME **AUSTIN, JACK K.**
STREET ADDRESS **HIGHWAY C-450**
CITY-ST-ZIP **UMATILLA FL**

TITLE **TD** ☐ DELETE

NAME **NEWBOLD, JOHN R., JR.**
STREET ADDRESS **OLD HIGHWAY 17 NORTH**
CITY-ST-ZIP **CRESCENT CITY FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

P/D

☒ Change ☐ Addition

**17530 WILLIS V. MC CALL RD.
32784**

☒ Change ☐ Addition

32112

☐ Change ☒ Addition

**VP/D
William S. Newbold III
Rt. 2 Box 960
Crescent City, FL**

☐ Change ☒ Addition

**S
J. Kramer Austin, Jr.
18308 Lake Gibson Lane
Umatilla, FL 32784**

☐ Change ☐ Addition

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 change, or on an attachment with an address.

SIGNATURE:

John R. Newbold Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John R. Newbold Jr. 4/23/96 904-698-1074

DATE

DATE OF FILING

1074

CR2E034 (12/95)