

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **H50879** (6)

1. Corporation Name
DIAMOND HARDWARE & FARM SUPPLY, INC.



Principal Place of Business Mailing Address
% JAMES HOWARD
OLD HIGHWAY 441 (P.O. BOX 126)
REDDICK FL 32686

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 29 Country 30

3. Date Incorporated or Qualified **04/05/1985** 3a. Date of Last Report **04/19/1995**
4. FEI Number **59-2516666** 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

9. Name and Address of Current Registered Agent

HOWARD, JAMES
15353 OLD HIGHWAY 441 NORTH
P.O. BOX 126
REDDICK FL 32686

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code **FL**

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 _____ DATE _____
Signature: Speed or printed name of registered agent and their applicator. (NOTE: Registered Agent Signature required when first filing.)

12. OFFICERS AND DIRECTORS

TITLE	PT	<input checked="" type="checkbox"/> DELETE
NAME	HOWARD, JAMES	
STREET ADDRESS	2580 NE 98TH ST	
CITY- ST- ZIP	ANTHONY FL	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	HOWARD, JERRY	
STREET ADDRESS	921 NE 13TH AVE	
CITY- ST- ZIP	OCALA FL	
TITLE	TREASURER	<input type="checkbox"/> DELETE
NAME	HOWARD, JAMES	
STREET ADDRESS	2580 N.E. 98TH ST.	
CITY- ST- ZIP	ANTHONY, FL. 32617	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	HOWARD, JAMES	
3. STREET ADDRESS	2580 N.E. 98TH ST.	
4. CITY- ST- ZIP	ANTHONY, FL 32617	
5. TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6. NAME	HOWARD, JAMES	
7. STREET ADDRESS	2580 N.E. 98TH ST.	
8. CITY- ST- ZIP	ANTHONY, FL. 32617	
9. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		
11. STREET ADDRESS		
12. CITY- ST- ZIP		
13. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		
15. STREET ADDRESS		
16. CITY- ST- ZIP		
17. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME		
19. STREET ADDRESS		
20. 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: *James Howard* **JAMES HOWARD** 4-5-96 352-591-1461
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)