

5-21-98 B-7796 NC
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # H51996 (7)
 1. Corporation Name
DIAMOND NINE, INC.



Principal Place of Business 7531 COLERIDGE RD. PANAMA CITY FL 32404	Mailing Address 7531 COLERIDGE RD. PANAMA CITY FL 32404
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State 23	City & State 27
Zip 24	Country 25
Country 29	Zip 30

3. Date Incorporated or Qualified 04/12/1985	
4. FEI Number 59-2632421	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
MCCAULEY, CARROLL L.
38 OAK AVENUE
PANAMA CITY FL 32401

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

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, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	GOODWIN, DAVID W.
STREET ADDRESS	7531 COLERIDGE RD.
CITY-ST-ZIP	PANAMA CITY FL
TITLE	D <input type="checkbox"/> DELETE
NAME	ZIPPERLEIN, ROBERT C.
STREET ADDRESS	7122 E. 10TH ST.
CITY-ST-ZIP	PANAMA CITY FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	SMITH, TIM M.
STREET ADDRESS	3333 W 14TH STREET
CITY-ST-ZIP	PANAMA CITY FL
TITLE	D <input type="checkbox"/> DELETE
NAME	GUTHRIE, ALLEN, III
STREET ADDRESS	WEWA ROUTE, BOX 378
CITY-ST-ZIP	PANAMA CITY FL
TITLE	DST <input type="checkbox"/> DELETE
NAME	CARTER, GERALD L.
STREET ADDRESS	4002 E. 12TH CT.
CITY-ST-ZIP	PANAMA CITY FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Gerald L. Carter* **GERALD L. CARTER** 5-9-98 850-763-1403

CF2E034 (10/97)