FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H76187** **(4)**

1. Corporation Name

DIAMOND PROPERTIES OF WINTER HAVEN, INC.

Principal Place of Business	Mailing Address
201 SANTA ROSA DR. WINTER HAVEN FL 33884	201 SANTA ROSA DR. WINTER HAVEN FL 33884

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **09/16/1985**

3a. Date of Last Report: **06/07/1994**

2. Principal Place of Business	2a. Mailing Address
21 720 Overlook Dr.	26 720 Overlook Dr.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Winter Haven, Fl.	28 City & State: Winter Haven Fl.
24 Zip: 33884 25 County: Polk	29 Zip: 33884 30 County: Polk

4. FEI Number: **59-2896437** ☐ 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	10. Name and Address of New Registered Agent
VARNER, BEVERLY 201 SANTA ROSA DR. WINTER HAVEN FL 33884	81 Name: Beverly S. Varner 82 Street Address (P.O. Box Number is Not Acceptable): 720 Overlook Dr. 83 84 City: Winter Haven FL 85 Zip Code: 33884

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: Beverly S. Varner — DATE: 4/25/95

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	VARNER, PAUL C.	12 NAME	
STREET ADDRESS	720 OVERLOOK DRIVE	13 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	VARNER, BEVERLY S.	22 NAME	
STREET ADDRESS	720 OVERLOOK DRIVE	23 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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: Beverly S. Varner — 4/25/95 — 813-324-3789

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Beverly S. Varner

0318443 CP