

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 # J54519

(0)

1. Corporation Name

O & O DIVERSIFIED, INC.

Principal Place of Business

5790 ESTELLE ST
JACKSONVILLE FL 32254

Main Office Address

5790 ESTELLE ST
JACKSONVILLE FL 32254



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Main Office Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

SMITH & HULSEY
225 WATER ST.
JACKSONVILLE FL 32202

3. Date Incorporated or Qualified
01/30/1987

3a. Date of Last Report
05/01/1995

4. FET Number
59-2762862

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

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 605.01, 605.02 and 605.03, 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 605.04, Florida Statutes.

SIGNATURE

Signature of Registered Agent

Date

12. OFFICERS AND DIRECTORS

TITLE DP
NAME O'NEAL, CHARLES E.
STREET ADDRESS 6621 VALIANT DR.
CITY-STATE-ZIP JACKSONVILLE FL

TITLE VD
NAME O'NEAL, EDGAR L.
STREET ADDRESS 5790 ESTELLE ST.
CITY-STATE-ZIP JACKSONVILLE FL

TITLE DST
NAME O'NEAL, DANIEL L.
STREET ADDRESS 5790 ESTELLE ST.
CITY-STATE-ZIP JACKSONVILLE FL

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

5. TITLE ☐ Change ☐ Addition

6. NAME

7. STREET ADDRESS

8. CITY-STATE-ZIP

9. TITLE ☐ Change ☐ Addition

10. NAME

11. STREET ADDRESS

12. CITY-STATE-ZIP

13. TITLE ☐ Change ☐ Addition

14. NAME

15. STREET ADDRESS

16. CITY-STATE-ZIP

17. TITLE ☐ Change ☐ Addition

18. NAME

19. STREET ADDRESS

20. CITY-STATE-ZIP

21. TITLE ☐ Change ☐ Addition

22. NAME

23. STREET ADDRESS

24. CITY-STATE-ZIP

14. I do hereby certify that the information reported with the foregoing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(6)(a), Florida Statutes. I further certify that the information included on this annual report or supplementary 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 13a if changed, or in an attached list with a reference.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-96

904-783-9479

CR2E034 (12/95)