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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -4 PM 7:05

DOCUMENT # **J66839** **(8)**

1. Corporation Name
DIVERSITECH, INC.

Principal Place of Business	Mailing Address
2411 N.W 41ST STREET P. O. BOX 7160 GAINESVILLE FL 32605-4160	2411 N.W 41ST STREET P. O. BOX 7160 GAINESVILLE FL 32605-4160

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/03/1987
3a. Date of Last Report: 03/29/1994

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: 32605-7160 Country — 30:

4. FEI Number: 59-2797360 ☐ 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

ENWALL, PETER C. K.
211 N.E. 1ST STREET
GAINESVILLE FL 32601

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 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 mandating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPT	11 TITLE		☒ Change ☐ Addition
NAME	BACUS, JAMES N.	12 NAME		
STREET ADDRESS	922 NW 45TH TERR	13 STREET ADDRESS	5306 N. W. 67th Street	
CITY-ST-ZIP	GAINESVILLE FL	14 CITY-ST-ZIP		32653
TITLE	VPD	21 TITLE		☒ Change ☐ Addition
NAME	BRIGHT, KIM R.	22 NAME		
STREET ADDRESS	6319 EVERGLADE CORUT	23 STREET ADDRESS	N 9043 Old Madison Road	
CITY-ST-ZIP	MCFARLAND WI	24 CITY-ST-ZIP	New Glarus, WI 53574	
TITLE	D	31 TITLE		☒ Change ☐ Addition
NAME	BRINKERHOFF, W. LEIGH	32 NAME		
STREET ADDRESS	9015 W MAPLE ST	33 STREET ADDRESS		
CITY-ST-ZIP	MILWAUKEE WI	34 CITY-ST-ZIP		53214
TITLE	AS	41 TITLE		☒ Change ☐ Addition
NAME	MONDAY, BARBARA H	42 NAME		
STREET ADDRESS	2718 SW 75TH ST	43 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL	44 CITY-ST-ZIP		32607
TITLE	SD	51 TITLE		☒ Change ☐ Addition
NAME	KESSLER, DEBRA	52 NAME		
STREET ADDRESS	9015 W MAPLE ST	53 STREET ADDRESS		
CITY-ST-ZIP	MILWAUKEE WI	54 CITY-ST-ZIP		53214
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)(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: Barbara Monday — Barbara Monday — 2/16/95 — 904-377-7071
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Q411077 FP