

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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AND
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1997 MAY 12 PM 12:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L13517** (2)

1. Corporation Name

DIVERSIFIED VIII, INC.

Principal Place of Business

Mailing Address

% DALE E. RICE
215 HWY 90 E.
CRESTVIEW FL 32536

% DALE E. RICE
215 HWY 90 E.
CRESTVIEW FL 32536-3313

3. Date Incorporated or Qualified

08/31/1989

3a. Date of Last Report

04/09/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RICE, DALE E.
215 HWY 90 E.
CRESTVIEW FL 32536**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	DAUGHERTY, JAMES B.	
STREET ADDRESS	889 N. FERDON BLVD	
CITY- ST- ZIP	CRESTVIEW FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DAUGHERTY, A. B.	
STREET ADDRESS	889 N. FERDON BLVD	
CITY- ST- ZIP	CRESTVIEW FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BAILEY, JOHN R.	
STREET ADDRESS	889 N. FERDON BLVD	
CITY- ST- ZIP	CRESTVIEW FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SHAW, FOY	
STREET ADDRESS	339 ADAMS DR	
CITY- ST- ZIP	CRESTVIEW FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CARR, FRANK	
STREET ADDRESS	838 FERDON BLVD	
CITY- ST- ZIP	CRESTVIEW FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SHEFFIELD, DALTON	
STREET ADDRESS	838 1/2 FERDON BLVD	
CITY- ST- ZIP	CRESTVIEW FL	

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	300002183245-6
2.3 STREET ADDRESS	-05/19/97--01126--003
2.4 CITY- ST- ZIP	*****550.00 *****550.00
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 do 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:

Sandra B. Mortham
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/5/97

Date

904-682-4033

Daytime Phone

CR2E034 (9/96)