

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

FILED

Jan 25, 1999 8:00am  
Secretary of State

01-25-1999 90045 038 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L13517

1. Corporation Name  
DIVERSIFIED VIII, INC.

Principal Place of Business

638 N. FERDON BLVD.  
STE. #1  
CRESTVIEW FL 32536  
US

Mailing Address

638 N. FERDON BLVD.  
STE. #1  
CRESTVIEW FL 32536  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/31/1989

4. FEI Number

59-2994884

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 owes the current year Intangible  
Personal Property Tax.

Yes No

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  
NAME DAUGHERTY, JAMES B.  
STREET ADDRESS RT 1, BOX 9A2  
CITY-ST-ZIP MCINTOSH AL 36553

DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

Change Addition

TITLE D  
NAME BAILEY, JOHN R.  
STREET ADDRESS P.O. BOX 1126 N/A  
CITY-ST-ZIP ORANGE BEACH AL 36561

DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

Change Addition

TITLE D  
NAME SHAW, FOY  
STREET ADDRESS P.O. BOX 636 N/A  
CITY-ST-ZIP CRESTVIEW FL 32536

DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

Change Addition

TITLE ST  
NAME CARR, FRANK  
STREET ADDRESS 638 FERDON BLVD., SUITE #1  
CITY-ST-ZIP CRESTVIEW FL 32536

DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

Change Addition

TITLE D  
NAME SHEFFIELD, DALTON  
STREET ADDRESS P.O. BOX 205 N/A  
CITY-ST-ZIP CRESTVIEW FL 32536

DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

Change Addition

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, with all other like empowered.

SIGNATURE: *Frank Carr* SIGNATURE REQUIRED - CARR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/99

Date

850-682-4033

Daytime Phone #

CR2E034 (11/98)