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

DOCUMENT # **M71421** **(5)**

ANU
FILED

1. Corporation Name

DIAMOND TECH. INC.

95 MAY -1 PM 5:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
% W.E. CURRIE, III 5815 N. DALE MABRY HWY., PO BOX 151288 TAMPA FL 33614-5604	% W.E. CURRIE, III 5815 N. DALE MABRY HWY., PO BOX 151288 TAMPA FL 33614-5604

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / County 24 / 25	Zip / County 29 / 30

3. Date Incorporated or Qualified: **03/07/1988**
3a. Date of Last Report: **06/13/1994**

4. FEI Number: **59-0910014** ☐ 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

CURRIE, W.E., III
5815 N. DALE MABRY HWY
TAMPA FL 33614

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 Section(s) 607.1502 and/or 617.1508, 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. Said 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(s) 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE: D 12 NAME: CURRIE, W.E., JR 13 STREET ADDRESS: 5815 N. DALE MABRY HWY 14 CITY ST ZIP: TAMPA FL	☑ Change ☐ Addition DELETE
21 TITLE: PD 22 NAME: CURRIE, W.E., III 23 STREET ADDRESS: 5815 N. DALE MABRY HWY 24 CITY ST ZIP: TAMPA FL	☐ Change ☐ Addition
31 TITLE: ST 32 NAME: SHEA, JOHN 33 STREET ADDRESS: 5815 N. DALE MABRY HWY 34 CITY ST ZIP: TAMPA FL	☐ Change ☐ Addition
41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY ST ZIP	☐ Change ☐ Addition
51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY ST ZIP	☐ Change ☐ Addition
61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY ST ZIP	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is, to the best of my knowledge, 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 above, or on an attachment with an additional blank.

SIGNATURE: John Shea **JOHN SHEA** **2-20-95** **(813)872-5555**

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

0297018 CP