

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N95000001332 (4)**
1. Corporation Name
DIVOT DIGGERS, INC.



Principal Place of Business Mailing Address
2619 MOODY AVE. ORANGE PARK FL 32073 **2619 MOODY AVE. ORANGE PARK FL 32073**

3. Date Incorporated or Qualified **03/20/1995** 3a. Date of Last Report

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number 59-3308402	Applied For	
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired <input type="checkbox"/>	\$8.75	Additional Fee Required
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00	May Be Added to Fees
24	Zip	25	Country	29	Zip	30	Country
				8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WILLIAMS, GRADY H JR
1279 KINGSLEY AVE.
SUITE 117
ORANGE PARK FL 32073**

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 617.0502 and 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. 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D/P <input type="checkbox"/> DELETE	1.1 TITLE	<i>See Addition to Title</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDONALD, HAROLD E	1.2 NAME	
STREET ADDRESS	2619 MOODY AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK FL 32073	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, FRED C	2.2 NAME	
STREET ADDRESS	P.O. BOX 1048 N/A	2.3 STREET ADDRESS	
CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATSON, H J	3.2 NAME	
STREET ADDRESS	634 RIVER RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK FL 32073	3.4 CITY-ST-ZIP	
TITLE	D/P <input type="checkbox"/> DELETE	4.1 TITLE	<i>See Addition to Title</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIEDEL, ROBERT W	4.2 NAME	
STREET ADDRESS	P.O. BOX 1451 N/A	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK FL 32067-1	4.4 CITY-ST-ZIP	
TITLE	D/T-S <input type="checkbox"/> DELETE	5.1 TITLE	<i>See Addition to Title</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SACHS, GARY	5.2 NAME	
STREET ADDRESS	74 BELMONT BLVD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK FL 32073	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	700001849417 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	-06/04/96--01035--022
STREET ADDRESS		6.3 STREET ADDRESS	***61.25
CITY-ST-ZIP		6.4 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Gary A Sachs, Treasurer* 3/11/96 904/264-0441
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)