

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

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ORANGE PARK FL 32073

3. Date Incorporated or Qualified

03/20/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3308402

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

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 617.1506, 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

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/P
NAME MCDONALD, HAROLD E
STREET ADDRESS 2619 MOODY AVE.
CITY-ST-ZIP ORANGE PARK FL 32073

☐ DELETE

1.1 TITLE See Addition to Title
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE D
NAME DAVIS, FRED C
STREET ADDRESS P.O. BOX 1048 N/A
CITY-ST-ZIP GREEN COVE SPRINGS FL 32043

☐ DELETE

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

☐ Change ☐ Addition

TITLE D
NAME WATSON, H J
STREET ADDRESS 634 RIVER RD.
CITY-ST-ZIP ORANGE PARK FL 32073

☐ DELETE

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

☐ Change ☐ Addition

TITLE D/P
NAME RIEGEL, ROBERT W
STREET ADDRESS P.O. BOX 1451 N/A
CITY-ST-ZIP ORANGE PARK FL 32067-1

☐ DELETE

4.1 TITLE See Addition to Title
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE D/T-S
NAME SACHS, GARY
STREET ADDRESS 74 BELLMONT BLVD.
CITY-ST-ZIP ORANGE PARK FL 32073

☐ DELETE

5.1 TITLE See Addition to 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 700001849417
6.2 NAME -06/04/96--01035--022
6.3 STREET ADDRESS ***61.25
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/96 904/264-0441
Date Daytime Phone

CR2E037 (12/95)