

FILE NOW: FILING FEE IS \$61

FILED

May 14 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS**DOCUMENT # N95000004894 (0)**

1. Corporation Name

CENTRAL FLORIDA DIAMONDBACKS, INCORPORATED

Principal Place of Business

Mailing Address

**105 HALES ROAD
AUBURNDAL FL 33823****105 HALES ROAD
AUBURNDAL FL 33823-9536**3. Date Incorporated or Qualified
10/12/19953a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 14850 Angus Road

Suite, Apt. #, etc.

22

City & State

23 Polk City, FL

Zip

24 33868

Country

25 USA

2a. Mailing Address

26 14850 Angus Road

Suite, Apt. #, etc.

27

City & State

28 Polk City, FL

Zip

29 33868

Country

30 USA

4. FEI Number

59-3342071

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

**SHIRAH, LLOYD R
105 HALES ROAD
AUBURNDAL FL 33823**

10. Name and Address of New Registered Agent

81 Name

Donald R. Rice

82 Street Address (P.O. Box Number is Not Acceptable)

14850 Angus Road

83

84 City

Polk City**FL**85 Zip Code
33868

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. Each 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

4/14/97

12. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> DELETE
NAME	RICE, DON	
STREET ADDRESS	4843 ANGUS RD.	
CITY-ST-ZIP	POLK CITY FL 33868	

TITLE	T	<input type="checkbox"/> DELETE
NAME	RICE, PATTY	
STREET ADDRESS	4843 ANGUS RD.	
CITY-ST-ZIP	POLK CITY FL 33868	

TITLE	S	<input type="checkbox"/> DELETE
NAME	SHIRAH, LIZ	
STREET ADDRESS	105 HALES ROAD	
CITY-ST-ZIP	AUBURNDAL FL 33823	

TITLE	P	<input type="checkbox"/> DELETE
NAME	SHIRAH, LLOYD R.	
STREET ADDRESS	105 HALES ROAD	
CITY-ST-ZIP	AUBURNDAL FL 33823	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Donald R. Rice	
1.3 STREET ADDRESS	14850 Angus Road	
1.4 CITY-ST-ZIP	Polk City, FL 33868	

2.1 TITLE	Secretary/Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Patty Rice	
2.3 STREET ADDRESS	14850 Angus Road	
2.4 CITY-ST-ZIP	Polk City, FL 33868	

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	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Lloyd R. Shirah	
4.3 STREET ADDRESS	105 Hales Road	
4.4 CITY-ST-ZIP	Auburndale, FL 33823	

5.1 TITLE	Chairman	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Richard Graham	
5.3 STREET ADDRESS	246 West. Socrum Loop Road	
5.4 CITY-ST-ZIP	Lakeland, FL 33809	

6.1 TITLE	Chairman	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Larry Rutledge	
6.3 STREET ADDRESS	1505 35th Street, NW	
6.4 CITY-ST-ZIP	Winter Haven, FL 33881	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Signature and TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(941) 984-2749

Daytime Phone # 0083328

CR2E037 (9/96)