


FILE NOW: FILING FEE IS \$61.25

FILED
May 20 1997 8:00am
Secretary of State

| | | |
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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # **N96000006368 (2)**

1. Corporation Name

FLORIDA DIVERSIFIED INDUSTRIES, INC.

Principal Place of Business

Mailing Address

**10650 72ND ST
LARGO FL 33777**

**10650 72ND ST
LARGO FL 33777-1515**

3. Date Incorporated or Qualified
12/16/1986

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

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

24

25

Country

29

30

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MASYADA, FRANCIS
10650.72ND ST
LARGO FL 33777**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **TARDIF, MICHAEL R**
STREET ADDRESS **12257 92ND ST N**
CITY-ST-ZIP **LARGO FL 33773**

TITLE **D** ☐ DELETE

NAME **MASYADA, FRANCIS**
STREET ADDRESS **11205 4TH ST E**
CITY-ST-ZIP **TREASURE ISLAND FL 33706**

TITLE **D** ☐ DELETE

NAME **MASYADA, ELAINE**
STREET ADDRESS **11205 4TH ST E**
CITY-ST-ZIP **TREASURE ISLAND FL 33706**

TITLE **D** ☐ DELETE

NAME **NEVILLE, THOMAS M**
STREET ADDRESS **3259 SPANISH MOSS LN**
CITY-ST-ZIP **PALM HARBOR FL 34684**

TITLE **D** ☐ DELETE

NAME **RUBIN, LESLIE A**
STREET ADDRESS **15201 ROOSEVELT BLVD SUITE 112**
CITY-ST-ZIP **CLEARWATER FL 34620**

TITLE **D** ☐ DELETE

NAME **SANDONATO, WILLIAM JR.**
STREET ADDRESS **1856 BARCALONA DR**
CITY-ST-ZIP **DUNEDIN FL 34698**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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

5-1-97 413-544-3611

Date

Daytime Phone #

CR2E037 (9/96)