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

APPROVED AND FILED

95 APR 25 AM 7:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000020511 (0)**

1. Corporation Name

DIAMOND REAL ESTATE CORP.

Principal Place of Business	Mailing Address
1840 ATLANTIC BLVD JACKSONVILLE FL 32207	1840 ATLANTIC BLVD JACKSONVILLE FL 32207

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/18/1993
3a. Date of Last Report: 05/26/1994

2. Principal Place of Business
21: 4051 Atlantic Blvd.
22: Suite, Apt. #, etc.
23: City & State: Jacksonville, Fl
24: Zip: 32207
25: Country: Duval

2a. Mailing Address
26: 4051 Atlantic Blvd.
27: Suite, Apt. #, etc.
28: City & State: Jacksonville, Fl
29: Zip: 32207
30: Country:

4. FEI Number: 59-3175834 ☐ 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

9. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

KREDELL, SAMUEL D
1840 ATLANTIC BLVD
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent

81 Name: Kredell, Samuel D.
82 Street Address (P.O. Box Number is Not Acceptable): 4051 Atlantic Blvd.
83:
84 City: Jacksonville FL 85 Zip Code: 32207

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Samuel D. Kredell Pres 04-19-95
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	P	11 TITLE	President	☒ Change ☐ Addition
NAME	KREDELL, SAMUEL D	12 NAME	Kredell, Samuel D.	
STREET ADDRESS	1840 ATLANTIC BLVD	13 STREET ADDRESS	4051 Atlantic Blvd.	
CITY-ST-ZIP	JACKSONVILLE FL 32207	14 CITY-ST-ZIP	Jacksonville, Fl. 32207	
TITLE	VP	21 TITLE	VPres.	☒ Change ☐ Addition
NAME	QUELLETTE, TAMMY D	22 NAME	Ouellette, Tammy D	
STREET ADDRESS	1840 ATLANTIC BLVD	23 STREET ADDRESS	4051 Atlantic Blvd.	
CITY-ST-ZIP	JACKSONVILLE FL	24 CITY-ST-ZIP	Jacksonville, Fl. 32207	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: Ouellette Tammy Ouellette VP 04-19-95 904-398-4824
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0018237 CP