

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Apr 24 1997 8:00am  
Secretary of State

DOCUMENT # P93000024986 (0)

1. Corporation Name  
DIAMOND A ALPHA, INC.



Principal Place of Business

3650 FOWLER STREET  
FT. MYERS FL

Mailing Address

C/O ROBERT D. ROYSTON, JR., ESQ.  
12670 NEW BRITTANY BLVD. SUITE 101  
FT. MYERS FL 33907-3650

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip 33901

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 33901

Country

3. Date Incorporated or Qualified

04/02/1993

3a. Date of Last Report

05/01/1996

4. FEI Number

65-0399749

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

ROYSTON, ROBERT D JR.  
COSTELLO, SIMS & ROYSTON  
12670 NEW BRITTANY BLVD., #101  
FT. MYERS FL 33907

10. Name and Address of New Registered Agent

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 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

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 DST  
NAME MARTIN, ROGER J  
STREET ADDRESS 3601 EDGEWOOD AVE.  
CITY-ST-ZIP FORT MYERS FL

☐ DELETE

TITLE P  
NAME TRACY, DOUGLAS L  
STREET ADDRESS 3615 EDGEWOOD AVE.  
CITY-ST-ZIP FORT MYERS FL

☐ DELETE

TITLE VP  
NAME CALLAN, DION  
STREET ADDRESS 3601 EDGEWOOD AVE.  
CITY-ST-ZIP FORT MYERS FL

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

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

33916

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

33916

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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 607, 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

Daytime Phone #

CR2E034 (9/96)