

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000026727 (6)
1. Corporation Name

DIAMOND CRAFT, INC.



Principal Place of Business

Mailing Address

5160 HIGHWAY 98 EAST
DESTIN FL 32541

5160 HIGHWAY 98 EAST
DESTIN FL 32541

3. Date incorporated or Qualified
04/12/1993

3a. Date of Last Report
02/22/1995

2. Principal Place of Business
21 10221 Emerald Coast Pkwy

2a. Mailing Address
26 10221 Emerald Coast Pkwy

4. FEI Number
59-3175697

Applied For
Not Applicable

Suite, Apt. #, etc.
22 Suite 23

Suite, Apt. #, etc.
27 Suite 23

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

City & State
23 Destin, FL

City & State
28 Destin, FL

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

Zip
24 32541

Country
25 Walton

Zip
29 32541

Country
30 Walton

8. This corporation has liability for intangible tax under s. 199.03?
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

POPE, WILLIAM A
5160 HIGHWAY 98 EAST
DESTIN FL 32541

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 type for printed name of registered agent and for approval

(20)(11) Registered Agent signature required when re-appointing

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☒ DELETE
NAME OLIVER, HOWARD C
STREET ADDRESS 5160 HIGHWAY 98 E
CITY-ST-ZIP DESTIN FL 32541

TITLE PSTD ☐ DELETE
NAME POPE, WILLIAM A
STREET ADDRESS 5160 HIGHWAY 98 EAST
CITY-ST-ZIP DESTIN FL 32541

TITLE V ☐ DELETE
NAME POPE, WILLIAM A III
STREET ADDRESS 5160 HIGHWAY 98 EAST
CITY-ST-ZIP DESTIN FL 32541

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

11 TITLE President ☒ Change ☐ Addition
12 NAME William A. Pope III
13 STREET ADDRESS 10221 Emerald Coast Pkwy Suite 23
14 CITY-ST-ZIP Destin, FL 32541

21 TITLE Secretary & Treasurer ☒ Change ☐ Addition
22 NAME William A. Pope, Sr.
23 STREET ADDRESS 10221 Emerald Coast Pkwy Suite 23
24 CITY-ST-ZIP Destin, FL 32541 ☐ Change ☐ Addition

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP ☐ Change ☐ Addition

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP ☐ Change ☐ Addition

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP ☐ Change ☐ Addition

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
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 a 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (3/96)