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 MAY -1 AM 9:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000048530 (7)**

1. Corporation Name
KMC DIVERSIFIED HOLDINGS, INC.

Principal Place of Business	Mailing Address
3031 2ND ST N ST PETERSBURG FL 33704	3031 2ND ST N ST PETERSBURG FL 33704

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/24/1994
3a. Date of Last Report:

2. Principal Place of Business
21 3839 4th St. N., #200
Suite, Apt. #, etc.
22 Suite 200
City & State
23 St. Petersburg, FL
Zip 24 33703 Country 25 Pinellas

2a. Mailing Address
26 P.O. Box 76129
Suite, Apt. #, etc.
27
City & State
28 St. Petersburg, FL
Zip 29 33734 Country 30 Pinellas

4. FEI Number: 59-3262439 ☐ 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

POWERS, JILL F
2655 MCCORMICK DR
CLEARWATER FL 34619

10. Name and Address of New Registered Agent

81 Name: James J. Rowan
82 Street Address (P.O. Box Number is Not Acceptable): 300 1st Ave. S.,
83 Suite 401
84 City: St. Petersburg, FL 85 Zip Code: 33731

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 _____ DATE 3/28/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	President	☒ Change ☐ Addition
NAME	POWERS, JILL F	12 NAME	Daniel M. Doyle, Jr.	
STREET ADDRESS	2655 MCCORMICK DR	13 STREET ADDRESS	43 North Pine Circle	
CITY-ST-ZIP	CLEARWATER FL 34619	14 CITY-ST-ZIP	Belleair, FL 34616	
TITLE		21 TITLE	Secretary	☒ Change ☐ Addition
NAME		22 NAME	Joann E. Barger	
STREET ADDRESS		23 STREET ADDRESS	502 Appian Way N.E.	
CITY-ST-ZIP		24 CITY-ST-ZIP	St. Petersburg, FL 33704	
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	REMITTED BY MAY 1	
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)(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: _____ Daniel M. Doyle, Jr./President 3/28/95 813-894-7777
NAME & TITLE OF SIGNING OFFICER OR DIRECTOR — Date — Area Code & Daytime Phone #

000800 CP