FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000064074 (5)**

1. Corporation Name

DIAMOND RIVER INVESTMENT, INC.

Principal Place of Business

15 W. MAIN STREET
PENSACOLA FL 32501

Mailing Address

P O BOX 160286
MOBILE AL 36616
US

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 County 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27 12860 LAKE SAWYER LANE
City & State
28 WINDERMERE FLA
Zip 29 34786 County 30 USA

3. Date Incorporated or Qualified: **08/25/1994**

3a. Date of Last Report: **06/21/1995**

4. FEI Number: **59-3263813** ☐ 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

RAY, KIEVIT & KELLY, P.A.
15 W. MAIN STREET
PENSACOLA FL 32501

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 607.1507, 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

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	CANTON, M.B.	
STREET ADDRESS	3854 RUE MAISON, APT. F	
CITY-ST-ZIP	MOBILE AL 36608	
TITLE	D	☐ DELETE
NAME	CANTON, KEVIN W	
STREET ADDRESS	3350 DANDALE DRIVE	
CITY-ST-ZIP	MOBILE AL 36693	
TITLE	D	☐ DELETE
NAME	CANTON, KRESLEY S	
STREET ADDRESS	321 18TH STREET EAST	
CITY-ST-ZIP	TUSCALOOSA AL 35404	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		☐ Change ☐ Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE	PRESIDENT	☑ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE	SEC/TREAS	☑ Change ☐ Addition
32 NAME	KRESLEY C. KJELLANDER	
33 STREET ADDRESS	12860 LAKE SAWYER LANE	
34 CITY-ST-ZIP	WINDERMERE FLA 34786.	
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing complies with the requirements of, and accurately reflects the information required to be reported pursuant to, the exemption set forth in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 with an indication for an address change.

SIGNATURE: [signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-17-96
Date

(334) 450-3549
Daytime Phone #