

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.**  
**AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)**

109.1

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**FILED**

97 JUL 23 PM 12:42

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



**DOCUMENT # P95000015737 (6)**  
 1. Corporation Name  
**DIVERSE INDUSTRIES, INC.**

Principal Place of Business <b>5331 COMMERCIAL WAY, UNIT 113 SPRING HILL FL 34806</b>	Mailing Address <b>5331 COMMERCIAL WAY, UNIT 113 SPRING HILL FL 34806</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>5331 COMMERCIAL WAY</b>	2a. Mailing Address 26 <b>5331 COMMERCIAL WAY</b>
22 <b>UNIT 113</b>	27 <b>UNIT 113</b>
23 <b>SPRING HILL FL.</b>	28 <b>SPRING HILL FL</b>
24 <b>34606</b> 25 <b>U.S.</b>	29 <b>34606</b> 30 <b>U.S.</b>

3. Date Incorporated or Qualified <b>02/24/1995</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>65-0573899</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**THOMSON, GARY**  
**9208 TARLETON CIR.**  
**WEEKI WACHEE FL 34613**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	<b>000002248400--0</b>
83	<b>-07/25/97--01112--012</b>
84 City	<b>****165.00 ****165.00</b> <b>FL 85 Zip Code</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>THOMSON, GARY</b>	
STREET ADDRESS	<b>9208 TARLETON CIR.</b>	
CITY-ST-ZIP	<b>WEEKI WACHEE FL 34613</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>THOMSON, PHILIP</b>	
STREET ADDRESS	<b>9457 RUBY FALLS COURT</b>	
CITY-ST-ZIP	<b>WEEKI WACHEE FL 34613</b>	
TITLE	<b>STD</b>	<input type="checkbox"/> DELETE
NAME	<b>THOMSON, JOAN</b>	
STREET ADDRESS	<b>9208 TARLETON CIR.</b>	
CITY-ST-ZIP	<b>WEEKI WACHEE FL 34613</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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.

*[Handwritten Signature]* **July 17/97 352 591 0750**

CR2E034 (4/97)

B.2

## **STRONGWALL SPORT SURFACES, INC.**

5331 Commercial Way, Suite 112, Spring Hill, FL 34606 Tel: 352-596-9451 Fax: 352-596-9468

July 18, 1997

Annual Reports Filings,  
Division of Corporations,  
P.O. Box 6327,  
Tallahassee, FL 32314

To Whom It May Concern:

On July 17th, we received a "Second Notice" for the 1997 Profit Corporation Annual Report Packet for both Strongwall Sport Surfaces, Inc. and Diverse Industries, Inc. Since we never received the "First Notice", I am enclosing two cheques in the amount of \$ 165.00 each to cover the filing fees for both corporations.

Yours truly,

A handwritten signature in cursive script that reads "Gary Thomson". The signature is written in black ink and is positioned above the typed name and title.

Gary Thomson,  
President