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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

POCUMENT # P95000015737 (6)

DIVERSE INDUSTRIES, INC.

Block 12 or Block 13 if changed, or on an attachment with an address SIGNATURE:

FILED Feb 11 1998 8:00am Secretary of State

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Principal Place of Business Mailing Address 5331 COMMERCIAL WAY, UNIT 112 5331 COMMERCIAL WAY, UNIT 112 SPRING HILL FL 34606 SPRING HILL FL 34606 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/24/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0573899 Not Applicable 21 26 Suite. Apt. #. etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible Yes □ No Personal Property Tax due June 30. 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name THOMSON, GARY 9208 TARLETON CIR. Street Address (P.O. Box Number is Not Acceptable) **WEEKI WACHEE FL 34613** 83 City 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, typed or printed name of registered agent and title if applicable (NOTE: Ringistered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Addition PD DELETE Change TITLE THOMSON, GARY 1.2 NAME NAME 9208 TARLETON CIR. 1.3 STREET ADDRESS STREET ADDRESS **WEEKI WACHEE FL 34613** 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 21 TITLE TITLE NAME THOMSON, PHILIP 2 2 NAME 9457 RUBY FALLS COURT STREET ADDRESS 2.3 STREET ADDRESS **WEEKI WACHEE FL 34613** CITY-ST-ZIP 2. 4 City-ST-ZIP DELETE Change Addition TITLE 31 TITLE THOMSON, JOAN NAME 3.2 NAME 9208 TARLETON CIR. STREET ADDRESS 3.3 STREET ADDRESS WEEKI WACHEE FL 34613 CITY-ST-ZIP 3 4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change ☐ Addition 51 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP Change Addition ☐ DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP CITY-ST-ZIP

14. I 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

01-28-98

352-597-0750