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**Apr 23, 1999 8:00 am**  
**Secretary of State**

04-23-1999 90257 047 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # P95000015737

1. Corporation Name  
**DIVERSE INDUSTRIES, INC.**



Principal Place of Business: 5331 COMMERCIAL WAY, UNIT 112 SPRING HILL FL 34606  
 Mailing Address: 5331 COMMERCIAL WAY, UNIT 112 SPRING HILL FL 34606

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25  
 2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30

3. Date Incorporated or Qualified: 02/24/1995  
 4. FEI Number: 65-0573899 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 owes the current year Intangible Personal Property Tax: Yes 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)  
 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: \_\_\_\_\_ DATE: \_\_\_\_\_  
 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                      | PD<br>THOMSON, GARY   | 1.1 TITLE   |  |
| NAME                       | 9208 TARLETON CIR.    | 1.2 NAME  |  |
| STREET ADDRESS             | WEEKI WACHEE FL 34613 | 1.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                       | 1.4 CITY-ST-ZIP                                       |  |
| TITLE                      | VD<br>THOMSON, PHILIP | 2.1 TITLE   |  |
| NAME                       | 9457 RUBY FALLS COURT | 2.2 NAME  |  |
| STREET ADDRESS             | WEEKI WACHEE FL 34613 | 2.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                       | 2.4 CITY-ST-ZIP                                       |  |
| TITLE                      | STD<br>THOMSON, JOAN  | 3.1 TITLE   |  |
| NAME                       | 9208 TARLETON CIR.    | 3.2 NAME  |  |
| STREET ADDRESS             | WEEKI WACHEE FL 34613 | 3.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                       | 3.4 CITY-ST-ZIP                                       |  |
| TITLE                      |                       | 4.1 TITLE   |  |
| NAME                       |                       | 4.2 NAME  |  |
| STREET ADDRESS             |                       | 4.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                       | 4.4 CITY-ST-ZIP                                       |  |
| TITLE                      |                       | 5.1 TITLE   |  |
| NAME                       |                       | 5.2 NAME  |  |
| STREET ADDRESS             |                       | 5.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                       | 5.4 CITY-ST-ZIP                                       |  |
| TITLE                      |                       | 6.1 TITLE   |  |
| NAME                       |                       | 6.2 NAME  |  |
| STREET ADDRESS             |                       | 6.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                       | 6.4 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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Gary Thomson* April 20/99 352 597 0750  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)