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 # P95000022822 (7)

1. Corporation Name

DPR, DIVERSIFIED INC.

Principal Place of Business
1297 E. CALAVERAS STREET
ALTADENA CA 91001

Mailing Address
1297 E. CALAVERAS STREET
ALTADENA CA 91001

3. Date Incorporated or Qualified: 03/21/1995
3a. Date of Last Report: None
4. FEI Number: 58-2167092 — ☐ 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

2. Principal Place of Business
21 2421 Acacia Ave
Suite, Apt. #, etc.
22
City & State
23 Punta Gorda, FL
Zip
24 33950-4202 25 Country USA

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29 30 Country

9. Name and Address of Current Registered Agent

WOLFE, LARRY
200-A JOHN KNOX ROAD
TALLAHASSEE FL 32303-6643

10. Name and Address of New Registered Agent
81 Name: Wolfe, Larry
82 Street Address (P.O. Box Number is Not Acceptable): 200-A John Knox RD.
83
84 City: Tallahassee FL FL 85 Zip Code: 32303-6643

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 [signature] Signature, typed or printed name of registered agent and title if applicable

5-29-96 DATE

NOTE: Registered Agent's signature required when reinstating

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	REEVE, DAVID W	
STREET ADDRESS	1297 E. CALAVERAS STREET	
CITY-ST-ZIP	ALTADENA CA 91001	
TITLE	President	☐ DELETE
NAME	~~David~~ Reeve, David W.	
STREET ADDRESS	1297 E Calaveras St	
CITY-ST-ZIP	Altadena CA 91001-2535	
TITLE	Vice President	☐ DELETE
NAME	Reeve, Phyllis R.	
STREET ADDRESS	1297 E Calaveras St	
CITY-ST-ZIP	Altadena, CA 91001	
TITLE	Treasurer	☐ DELETE
NAME	Reeve, Phyllis R.	
STREET ADDRESS	1297 E. Calaveras St.	
CITY-ST-ZIP	Altadena, CA 91001	
TITLE	Secretary	☐ DELETE
NAME	Austin, Bernice	
STREET ADDRESS	Box 226, Austin RD.	
CITY-ST-ZIP	Perry, FL 32347	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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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)(k), 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: [signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-29-96 Date

Daytime Phone #