FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
May 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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	Mailing Address
1261 Homestead RD. #223 Lehigh Acres, FL 33936	PO Box 1164 Lehigh Acres, FL 33936

2. Principal Place of Business	2a. Mailing Address
21 1261 Homestead RD.	26 Box 1164
Suite, Apt. #, etc. 22 #223	Suite, Apt. #, etc. 27
City & State 23 Lehigh Acres FL	City & State 28 Lehigh Acres FL
Zip 24 33936 Country 25 USA	Zip 29 33936 Country 30 USA

3. Date Incorporated or Qualified	3a. Date of Last Report
3-21-95	5-29-96

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
Wolfe, Larry 200-A John Knox RD Tallahassee, FL 32303-6643	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: DdW [illegible] 4-21-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	Reeve, David W.		1.2 NAME	
STREET ADDRESS	20230 Cypress Creek RD		1.3 STREET ADDRESS	
CITY-ST-ZIP	Alva FL 33920		1.4 CITY-ST-ZIP	
TITLE	Vice President	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	Reeve, Phyllis		2.2 NAME	
STREET ADDRESS	20230 Cypress Creek RD		2.3 STREET ADDRESS	
CITY-ST-ZIP	Alva FL 33920		2.4 CITY-ST-ZIP	
TITLE	Secretary	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	Reeve, Phyllis		3.2 NAME	
STREET ADDRESS	20230 Cypress Creek RD		3.3 STREET ADDRESS	
CITY-ST-ZIP	Alva FL 33920		3.4 CITY-ST-ZIP	
TITLE	Treasurer	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	Austin, Bernice		4.2 NAME	
STREET ADDRESS	PO Box 226, Austin RD.		4.3 STREET ADDRESS	
CITY-ST-ZIP	Perry FL 32347		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

DW 5-14-97

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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.

SIGNATURE: DdW [illegible] 4-21-97 941-368-5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #