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

PROFIT CORPORATION ANNUAL REPORT

1997

CHY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

FILED

May 08 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000027866 (9)

DIVERSIFIED AFFILIATED SERVICES, INC.

Principal Place of Business Mailing Address 4613 BARCLAY LANE P.O. BOX 6197 TALLAHASSEE FL 32308 TALLAHASSEE FL 32314-6197 3. Date Incorporated or Qualified 3a. Date of Last Report 04/07/1995 11/27/1996 2. Principal Place of Business 2a. Mailing Address Applied For 59-3331874 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 30 Florida Statutes 29 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GALLON, NATHANIEL JR. **4613 BARCLAY LANE** 82 Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32308 83 City 84 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 Signature, typed or printed name of registered agent and life if applicable (NOTE: Registered Agent signature required when reinstating) 12 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TILLS 1.1 TITLE Change Addition GALLON, NATHANIEL JR. NAME: 1.2 NAME **4613 BARCLAY LANE** STREET ADDRESS 1.3 STREET ADDRESS TALLAHASSEE FL 32308 CITY - ST - ZIP 1.4 CITY-ST-ZIP TIFLE __ DELETE __ Change Addition 2.1 THLE GALLON, GIEZELLE R NAME 2.2 NAME **4613 BARCLAY LANE** STREET ADDRESS 2.3 STREET ADDRESS TALLAHASSEE FL 32308 CITY - \$1 - 7IP 2.4 CITY-ST-ZIP DELETE TITLE ☐ Change Addition 31 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4. CITY-ST-ZIP DELETE TIT_F 4.1 TITLE Change ___ Addition 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIF 4.4 CITY-ST-ZIP DELETE HILF 5.1 TITLE Change Addition 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - 7IP 5.4 CITY-ST-ZIP DELETE Change 31115 6.1 TITLE ■ Addition 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 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 chapted, or on an attachment with an address.