

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 08 1997 8:00am
Secretary of State

DOCUMENT # P95000027866 (9)

1. Corporation Name

DIVERSIFIED AFFILIATED SERVICES, INC.



Principal Place of Business

Mailing Address

4613 BARCLAY LANE
TALLAHASSEE FL 32308

P.O. BOX 6197
TALLAHASSEE FL 32314-6197

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

04/07/1995

3a. Date of Last Report

11/27/1996

4. FEI Number

59-3331874

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

10. Name and Address of New Registered Agent

GALLON, NATHANIEL JR.
4613 BARCLAY LANE
TALLAHASSEE FL 32308

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

05-01-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE

NAME GALLON, NATHANIEL JR.
STREET ADDRESS 4613 BARCLAY LANE
CITY-ST-ZIP TALLAHASSEE FL 32308

1.1 TITLE ☐ Change ☐ Addition

NAME GALLON, NATHANIEL JR.

STREET ADDRESS 4613 BARCLAY LANE
CITY-ST-ZIP TALLAHASSEE FL 32308

1.2 NAME

STREET ADDRESS 4613 BARCLAY LANE

1.3 STREET ADDRESS

CITY-ST-ZIP TALLAHASSEE FL 32308

1.4 CITY-ST-ZIP

TITLE S ☐ DELETE

NAME GALLON, GIEZELLE R
STREET ADDRESS 4613 BARCLAY LANE
CITY-ST-ZIP TALLAHASSEE FL 32308

2.1 TITLE ☐ Change ☐ Addition

NAME GALLON, GIEZELLE R

STREET ADDRESS 4613 BARCLAY LANE
CITY-ST-ZIP TALLAHASSEE FL 32308

2.2 NAME

STREET ADDRESS 4613 BARCLAY LANE

2.3 STREET ADDRESS

CITY-ST-ZIP TALLAHASSEE FL 32308

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone: 8009600

CP2E034 (9/96)