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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # P95000060961 (6)

DIAMONDHEAD OF TAMPA BAY, INCORPORATED

Principal Place of Business Mailing Address

1625 FRUITWOOD DRIVE 1625 FRUITWOOD DRIVE
CLEARWATER FL 34616-2424 CLEARWATER FL 34616-2424



| | NOOD DRIVE FR FL 34616-2424 | 1625 FRUITWOOD DR CLEARWATER FL 3461 | | | 3. Date Incorporated or Qualified 08/07/1995 | 3a. Date of | f Last Report |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|----------------|--------------------------------------------------------------------|
| . Principal Pla | ace of Business | 2a. Mailing Address | | | 4 FEI Number | - | Applied For |
| | | 26 | | | 59-3340217 | <u>/</u> | Not Applicable |
| Suite, Apt. | #, etc. | Suite, Apt #, etc. | | | 5. Certificate of Status Desired | | \$8.75 Additional Fee Required |
| City & State | e | City & State | | | Election Campaign Financing Trust Fund Contribution | | \$5.00 May Be Added to Fees |
| Zip | Country 25 | Zip 29 | Gountr 30 | у | | ; (€No | |
| | 9. Name and Address of Curi | rent Registered Agent | | | 10. Name and Address of New F | Registered Ag | jent |
| | | | 8 | 1 Name | | | |
| | n, douglas k Ruitwood drive | | 8: | 2 Street Addi | ress (P.O. Box Number is Not Acceptal | ble) | |
| | WATER FL 34616-2424 | | 8 | 3 | | | |
| | | | 8 | 4 City | ah ah ili ili ayaya ah ah ah ah ah a | FL | 85 Zip Code |
| | | | | 1 | ration submits this statement for the pu | | gion its registered offe |
| | | | | | | | |
| IGNATURE | Signature, bloed on printed name of registered a OFFICERS | AND DIRECTORS | 13. | | al who renations? ADDITIONS/CHANGES 10 OFF | | |
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4. I do hereby certify that the information supplied with this faing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b). Horida 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:

GNATURE AND TYPHO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOUGLAGE AND TYPHO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOUGLAGE AND TYPHO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 28, 1996

(613) 443 - 4626