

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

FILED

Apr 15 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 # P95000060961 (6)

1. Corporation Name

DIAMONDHEAD OF TAMPA BAY, INCORPORATED

Principal Place of Business

1625 FRUITWOOD DRIVE
CLEARWATER FL 34616-2424

Mailing Address

1625 FRUITWOOD DRIVE
CLEARWATER FL 34616-2424



2. Principal Place of Business

21 1951 ARVIS CIRCLE WEST

Suite, Apt. #, etc.

City & State

23 CLEARWATER, FL

Zip 33764-6422

Country

2a. Mailing Address

26 1951 ARVIS CIRCLE WEST

Suite, Apt. #, etc.

City & State

28 CLEARWATER, FL

Zip 33764-6422

Country

3. Date Incorporated or Qualified

08/07/1995

3a. Date of Last Report

05/01/1996

4. FEI Number

59-3340217

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

LAYTON, DOUGLAS K
1625 FRUITWOOD DRIVE
CLEARWATER FL 34616-2424

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
1951 ARVIS CIRCLE WEST

84 City CLEARWATER

FL

85 Zip Code 33764-6422

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 the if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME LAYTON, DOUGLAS K
STREET ADDRESS 1625 FRUITWOOD DRIVE
CITY-ST-ZIP CLEARWATER FL 34616-2424

TITLE D
NAME LAYTON, TERRI R
STREET ADDRESS 1625 FRUITWOOD DRIVE
CITY-ST-ZIP CLEARWATER FL 34616-2424

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 1951 ARVIS CIRCLE WEST
1.4 CITY-ST-ZIP CLEARWATER, FL 33764-6422

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 1951 ARVIS CIRCLE WEST
2.4 CITY-ST-ZIP CLEARWATER, FL 33764-6422

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS

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:

Douglas K. Layton

DOUGLAS K. LAYTON

04/10/1997

(813) 531-6414

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)