

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000077231 (5)

1. Corporation Name
DIVERSIFIED, INC.



Principal Place of Business HIGHWAY 20 WEST BLOUNTSTOWN FL 32424	Mailing Address P.O. BOX 821 BLOUNTSTOWN FL 32424
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3. Date Incorporated or Qualified 10/03/1995	3a. Date of Last Report N/A
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2. Principal Place of Business 21 Hwy 20 W Suite, Apt. #, etc. 22 City & State Blountstown, Fla 23 Zip 32424	2a. Mailing Address 26 P.O. Box 821 Suite, Apt. #, etc. 27 City & State Blountstown, Fla 28 Zip 32424	4. FEI Number 59-3353365 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
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9. Name and Address of Current Registered Agent

WILLIS, JAMES R
HIGHWAY 20 WEST
BLOUNTSTOWN FL 32424

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			FL	

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: James R. Willis

(NOTE: Registered Agent signature required when not stated.)

3-29-96

DATE

12. OFFICERS AND DIRECTORS

TITLE Pres.	NAME James Greg Willis	DELETED
STREET ADDRESS RT. 1, Box 108-K		
CITY-ST-ZIP Bristol, Fla 32321		
TITLE Vice-Pres.	NAME James R. Willis	DELETED
STREET ADDRESS P.O. Box 821		
CITY-ST-ZIP Blountstown, Fla 32424		
TITLE	NAME	DELETED
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	DELETED
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	DELETED
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	DELETED
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Add on
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	Change	Add on
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	Change	Add on
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	Change	Add on
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	Change	Add on
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	Change	Add on

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: James R. Willis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-29-96 904-674-1001
DATE DAYTIME PHONE

CR2E034 (12/95)