

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

FILED
May 05 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 # 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 32424-0821

3. Date Incorporated or Qualified: **10/03/1995**
 3a. Date of Last Report: **05/01/1996**

2. Principal Place of Business
 21 **Hwy. 20 West**
 Suite, Apt. #, etc.

2a. Mailing Address
 26 **P.O. Box 821**
 Suite, Apt. #, etc.

4. FEI Number: **59-3353365**
 Applied For: Not Applicable

22 City & State
BLOUNTSTOWN, FLA

27 City & State
BLOUNTSTOWN, FLA

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23 Zip: **32424** Country: **USA**

28 Zip: **32424** Country: **USA**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24 25 29 30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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: **N/A**
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE - Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETE
TITLE	P	<input type="checkbox"/>
NAME	WILLIS, JAMES G	
STREET ADDRESS	RT 1 BOX 108 K	
CITY-ST-ZIP	BRISTOL FL 32321	
TITLE	V	<input type="checkbox"/>
NAME	WILLIS, JAMES R	
STREET ADDRESS	PO BOX 821 N A	
CITY-ST-ZIP	BLOUNTSTOWN FL 32424	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.A TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.P NAME			
1.B STREET ADDRESS			
1.C CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.P NAME			
2.B STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
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 changed, or on an attachment with an address.

SIGNATURE: *[Signature]* H-23-57 944-174-1701

CR2E034 (9/96)