

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

97 MAY -1 AM 7:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 95000080212
1. Corporation Name
DIVERSIONS UNLIMITED INC

Principal Place of Business Mailing Address
576 BRECKENRIDGE VILLAGE #1
ALTAMONTE SPRINGS FL 32714

3. Date Incorporated or Qualified 11/95 3a. Date of Last Report 4/96
4. FEI Number 59-3340723 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite Apt # etc. 26 40 NJ BARNES
22 City & State 27 576 BRECKENRIDGE VLG #1
23 Zip 28 ALTAMONTE SPRINGS FL
24 Country 29 32714 30 SEMINOLE

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name NANCY J BARNES
82 Street Address (P.O. Box Number is Not Acceptable)
83 SEE 27, 28, 29 ABOVE
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 Nancy Barnes NANCY J BARNES PRESIDENT 4/29/97
Signature of president or principal officer and registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS
1. PRESIDENT
NAME CHARLES M BARNES
STREET ADDRESS (SEE ABOVE)
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE PRESIDENT
1.2 NAME NANCY J BARNES
1.3 STREET ADDRESS (SEE ABOVE)
1.4 CITY-ST-ZIP
2.1 TITLE V.P. & CHIEF OPERATIONS
2.2 NAME WENDY D FERGUSON
2.3 STREET ADDRESS (SEE ABOVE)
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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. I changed, on an attachment with an address.

SIGNATURE: Nancy Barnes NANCY J BARNES 4/29/97 407 862 4968
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)