P95000087874

DIVERSIFIED AIRBORNE ENTERPRISES, INC.

Principal Place of Business

Mailing Address

P.O. BOX 890 VALRICO FL 33594

Suite, Apt. #, etc.

P.O. BOX 890 VALRICO FL 33594

2. Principal Place of Business 703 WEST WOOD DR

3. Mailing Address 703 WESTWOOD BR

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State BRANDON, FL	City & State	, FL	4. FEI Number 59-3348684	Applied For Not Applicable	
Zip 33511 Country USA	zip 33511	Country USA	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7: Name and Address of New Registered Agent		
GOFF, HAROLD GLENN 408 W. BRANDON BLVD. BRANDON FL 33511		Street Address (P.O. Box Number is Not Acceptable) WESTWOOD DR	GoFF	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, GLENN GOFF-PRESIDENT

SIGNATURE

(See criteria on back)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00

10. Election Campaign Financing Trust Fund Contribution.

BRANDON

\$5.00 May Be Added to Fees

Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE Change CR2E034 (9/01) NAME GOFF, HAROLD GLENN NAME HAROLD GLENN GOFF STREET ADDRESS 408 W. BRANDON BLVD. STREET ADDRESS NEST WOOD OR CITY-ST-ZIP **BRANDON FL** CITY-ST-ZIP TITLE **VSD** X Delete TITLE ☐ Change ☐ Addition NAME GOFF, FRANCA NAME STREET ADDRESS 408 W BRANDON BLVD STREET ADDRESS CITY-ST-ZIP BRANDON FL 33511 CITY-ST-ZIP TITLE Delete TITLE Change "* ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITE ☐ Addition NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP