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

PROFIT CORPORATION ANNUAL REPORT

> NEEL, DIANA .813 NW 22 STREET

CIAINESVILLE FL 32603



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of Stule DIVISION OF CORPORATIONS

1997 DOCUMENT # P96000023092 (5)

DIVISION TWELVE INSTALLATION MANAGEMENT, INC.

9. Name and Address of Current Registered Agent

Principal Place of Business Mailing Address **B13 NW 22 STREET** 813 NW 22 STREET GAINESVILLE FL 32803-1036 **GAINESVILLE FL 82603** 3. Date Incorporated or Qualified 3a. Date of Last Report 03/11/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address 59-3369283 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 冱 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 28 Trust Fund Contribution Added to Fees 23 Country Zip Country Zip 8. This corporation has liability for intangible tax under s. 199.032, ☐ Yes ☐ No Florida Statutes 24 29 30

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.

81

83 84 City

Name

SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. 96/6) Change Addition ☐ DELETE 1A TITLE TITLE PRESIDENT 1.2 NAME NAME NEEL DIANA 1,3 STREET ADDRESS STREET ADDRESS **2603** 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition DECETE 25 TITLE Change TITLE E PRESIDENT NAME 22 NAME 813 NW 23 ST. STREET ADDRESS 23 STREET ADDRESS 32603 CAINES VILLE , PL 2:4 City-St-ZIP CITY-ST-ZIP ☐ Change Addition DELETE 3h TITLE TITLE 32 NAME NAME 3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3,4. CITY - ST- ZIP DELETE Change Addition 4.1 11TLE TITLE 4,2 NAME STREET ADDRESS 43 STREET ADDRESS 44 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 5,1 TITLE TITLE 5.2 NAME NAME 53 STREET ADDRESS STREET ADDRESS 5 4 CITY - S1 - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 61 TITLE NAME 62 NAME 6,3 STREET ADDRESS STREET ADDRESS

6,4 CITY-ST-ZIP 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.

SICHATIE

4/12/92

(353) 274 -845

FILED

May 16 1997 8:00am

Secretary of State

10. Name and Address of New Registered Agent

Street Address (P.O. Box Number is Not Acceptable)

Applied For

Zip Code

Not Applicable