

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 OCT -7 PM 3: 14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000037477 (2)

1. Corporation Name
DIAGROW, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 507 EAST 14TH STREET UNIT 4 LYNN HAVEN FL 32444		Mailing Address 507 EAST 14TH STREET UNIT 4 LYNN HAVEN FL 32444	
2. Principal Place of Business 21 15718 NW 110TH AV. Suite, Apt. #, etc.		2a. Mailing Address 26 15718 NW 110TH AV. Suite, Apt. #, etc.	
22 City & State 23 ALACHUA FL		27 City & State 28 ALACHUA FL	
24 Zip 32615 Country U.S.A.		29 Zip 32615 Country U.S.A.	
g. Name and Address of Current Registered Agent BRUNK, DAVID D 507 EAST 14TH STREET UNIT 4 LYNN HAVEN FL 32444		10. Name and Address of New Registered Agent 81 Name BRUNK, DAVID D. 82 Street Address (P.O. Box Number is Not Applicable) 15718 NW 110TH AV. 83 84 City ALACHUA FL 85 Zip Code 32615	

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.

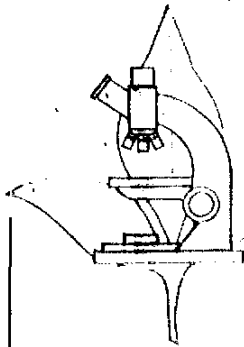
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	0 <input type="checkbox"/> DELETE	11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRUNK, DAVID D	12 NAME	BRUNK, DAVID D.
STREET ADDRESS	507 EAST 14TH STREET	13 STREET ADDRESS	15718 NW 110TH AV.
CITY-ST-ZIP	LYNN HAVEN FL 32444	14 CITY-ST-ZIP	ALACHUA FL 32615
TITLE	<input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	400002320634--1
STREET ADDRESS		33 STREET ADDRESS	-10/15/97--01042--013
CITY-ST-ZIP		34 CITY-ST-ZIP	****165.00 ****165.00
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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.

David Brunk, Br. 1 - 11 SEP 97 (AM) - 165-165

CR2E034 (4/97)



DIAGROW, INC.

11 September 1997

Florida Dept. of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314
ATIN : Annual Report Section

Dear A R Section :

Per instructions I am including this letter to the Division of Corporations to inform you that the first '1997 Profit Corporation Annual Report ' packet was never received by me. I believe it is because I moved the business to a new location .

Thank you for assistance with this matter.

Best regards,

A handwritten signature in cursive script that reads "David Douglas Brunk".

David Douglas Brunk
President / Plant pathologist
Diagrow, Inc.
15718 NW 110th Avenue
Alachua, FL 32615
(904)-462-4677