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PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P96000039210 (5)**

1. Corporation Name
DIANA C. BEARD, P.A.

Principal Place of Business	Mailing Address
535 CENTRAL AVE ST PETERSBURG FL 33701	535 CENTRAL AVE ST PETERSBURG FL 33701-3703

3. Date Incorporated or Qualified: 05/07/1996
3a. Date of Last Report:

2. Principal Place of Business
21 475 CENTRAL AVE.
Suite, Apt. #, etc.
22 M-1
City & State
23 ST. PETERSBURG, FL
Zip 24 33701 Country 25 PINELLAS

2a. Mailing Address
26 475 CENTRAL AVE.
Suite, Apt. #, etc.
27 M-1
City & State
28 ST. PETERSBURG, FL
Zip 29 33701 Country 30 PINELLAS

4. FEI Number: 59-3386429 ☐ Applied For ☐ Not Applicable

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

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

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

9. Name and Address of Current Registered Agent

BEARD, DIANA C
535 CENTRAL AVE
ST PETERSBURG FL 33701

10. Name and Address of New Registered Agent

81 Name: BEARD, DIANA C.
82 Street Address (P.O. Box Number is Not Acceptable): 475 CENTRAL AVE.
83: SUITE M-1
84 City: ST. PETERSBURG FL 85 Zip Code: 33701

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: DIANA C. BEARD
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	BEARD, DIANA C		1.2 NAME		
STREET ADDRESS	535 CENTRAL AVE		1.3 STREET ADDRESS	475 CENTRAL AVE. SUITE M-1	
CITY-ST-ZIP	ST PETERSBURG FL 33701		1.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33701	
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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] 3/28/97 (813) 327-1191