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Apr 03 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P96000085411 (2)

1. Corporation Name

DISCOVERY DIVERSIFIED ENTERPRISES, INC.



Principal Place of Business

25 N. BELCHER RD.
K-192
CLEARWATER FL 34625
US

Mailing Address

PO BOX 8162
SUITE K-192
CLEARWATER FL 34618-8162
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/16/1996

4. FEI Number

59-3407607

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21 1799 N. HIGHLAND AVE.

26 PO BOX 8162

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 #39V

27

City & State

City & State

23 CLEARWATER FL

28 CLEARWATER, FL

Zip

Country

Zip

Country

24 33755

25 USA

29 33758

30 USA

9. Name and Address of Current Registered Agent

STRUTHERS, LINDA JO
25 N. BELCHER RD.
K-192
CLEARWATER FL 34625

10. Name and Address of New Registered Agent

81 Name LINDA JO STRUTHERS

82 Street Address (P.O. Box Number is Not Acceptable)
1799 N. HIGHLAND AVE

83 #39V

84 City CLEARWATER

FL

85 Zip Code 33755

11. Pursuant to the provisions of Sections 607.0602 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PT ☐ DELETE

NAME STRUTHERS, LINDA JO
STREET ADDRESS 25 N. BELCHER ROAD
CITY-ST-ZIP CLEARWATER FL 34625

TITLE VPS ☐ DELETE

NAME MAYA PLUNKETT
STREET ADDRESS 25 N. BELCHER RD., K-192
CITY-ST-ZIP CLEARWATER FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE PT ☒ Change ☐ Addition

12 NAME STRUTHERS LINDA JO
13 STREET ADDRESS 1799 N HIGHLAND AVE #39V
14 CITY-ST-ZIP CLEARWATER, FL 33755

21 TITLE VPS ☒ Change ☐ Addition

22 NAME MAYA PLUNKETT
23 STREET ADDRESS 1799 N. HIGHLAND AVE #39V
24 CITY-ST-ZIP CLEARWATER, FL 33755

31 TITLE ☐ Change ☐ Addition

32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I 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:

Linda Jo Struthers

3/31/98

(813) 442-2642

CR2E034 (10/97)