# 2005 FOR PROFIT CORPORATION REINSTATEMENT

**FILED**
**Jun 03, 2005**
**Secretary of State**

DOCUMENT# P98000024846

**Entity Name:** "DIVERSIFIED SYSTEMS OF JAX, INC."

**Current Principal Place of Business:**

5366 HWY AVE
JACKSONVILLE, FL 32254 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 600170
JACKSONVILLE, FL 32260

**New Mailing Address:**

**FEI Number: 59-3502658** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LEPRELL, SAMUEL L
1930 SAN MARCO BLVD
STE 201 ST MARK'S PLACE
JACKSONVILLE, FL 32207 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: SAMUEL L. LEPRELL
Electronic Signature of Registered Agent Date

**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**
**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete
Name: MURPHY, ROBERT L
Address: 5366 HWY AVE
City-St-Zip: JACKSONVILLE, FL 32254

Title: DST ( ) Delete
Name: MURPHY, PATRICIA S
Address: 5366 HWY AVE
City-St-Zip: JACKSONVILLE, FL 32254

Title: DV ( ) Delete
Name: HURST, ROBERT W
Address: 8389 CHRISTY CIRCLE SOUTH
City-St-Zip: HILLIARD, FL 32046

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT L. MURPHY DP 06/03/2005
Electronic Signature of Signing Officer or Director Date