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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000080532 1. Corporation Name

DIEHM INDUSTRIES INC.

Principal	Place	of	Business	

Mailing Address

7203 TIMBER CT TAMPA FL 33625 7203 TIMBER CT TAMPA FL 33625

03-04-1999 90120 018 ***150.00

DO NOT WRITE IN THIS SPACE

							3. Date incorporated or Qualified 09/17/1998					
2. Principal P	cipal Place of Business 2a. Mailing Address					4. FEI Number		• T	Арр	ied For		
21		26	•				59-3530382			Not	Applicable	
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				5. Certifcate of Status Desired		,	-	lditional uired	
	City & State City & State						Election Campaign Financing Trust Fund Contribution			00 N ted to	lay Be Fees	
Zip	Country		Zip	Country			8. This corporation owes the curr	ent vear Int	angible		· · · · · · · · · · · · · · · · · · ·	
24	25 29 30					Personal Property Tax. Yes No						
9. Name and Address of Current Registered Agent				<u>-, </u>			10. Name and Address of New F	Registered	Agent			
				81	Nam	e						
DIEH	1M, DENNIS K							1.1.3				
7203	7203 TIMBER CT				82 Street Address (P.O. Box Number is Not Acceptable)							
TAM	PA FL 33625			83								
				L								
				84	City			FI	85	Zip Co	ode	
44 5	to the provisions of Sections 607.0502	and CO	7 4500 Florida Ctatuta	the above		od corna	oration submits this statement for the		changin	a its n	egistered	
office or r	registered agent, or both, in the State of	if Florida	. Such change was autr	nonzea by	the co	rporation	on's board of directors. I hereby accep	t the appoi	ntment a	is regi	stered	
agent. I a	m familiar with, and accept the obligati	ons of, S	Section 607.0505, Florid	a Statutes								
SIGNATURE								DATE		•		
	Signature, typed or printed name of registered agent				t signatu	e required	a when reinstating) ADDITIONS/CHANGES TO OF		ID DIPE	CTOE	S IN 12	
12.	OFFICERS AND	DIREC		13.		-1	ADDITIONS/CHANGES TO OF	PICERS AI	Cha		Addition	
TITLE	D		☐ DELETE	1.1 TITLE		Ì				nge	L] Addison	
NAME	DIEHM, DENNIS K			1.2 NAME			,					
STREET ADDRESS				1.3 STREE	ADDRE	3S						
CITY-ST-ZIP	TAMPA FL 33625			1.4 CITY-\$	T-ZIP							
TITLE			☐ DELETE	2.1 TITLE					[] Cha	nge	Addition	
NAME				2.2 NAME								
STREET ADDRESS				2.3 STREE	ADDRE	ss	•					
CITY-ST-ZIP				2.4 CITY-5	T-ZIP	ŀ						
TITLE			☐ DELETE	3.1 TITLE					Cha	nge	Addition	
NAME				3.2 NAME								
STREET ADDRESS				3.3 STREE	ADDRF	38						
				3.4 CITY-5								
CITY-ST-ZIP			☐ DELETE	4.1 TITLE		+		-	Cha	nge	Addition	
				4. 2 NAME								
NAME				4.2 NAME	r ADDOF							
STREET ADDRESS						~						
CITY-ST-ZIP			☐ DELETE	4.4 CITY-8	I-ZIP	+			[] Cha	nge	Addition	
TITLE			□ DELETE	5.1 TITLE 5.2 NAME					~J V:10	g~		
NAME					r annone							
STREET ADDRESS				5 3 STREE		20						
CITY-ST-ZIP				5.4 CITY- S	T- ZIP	—			[7] C1		□ 6 d d;2' - ·	
TITLE			☐ DELETE	6.1 TITLE					Cha	nge	Addition	
NAME				6.2 NAME								
STREET ADDRESS				6.3 STREE	FADDRE	3S						
CITY-ST-ZIP				6.4 CITY-S	T-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 of 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 of an attactiment with an address, with all other like empowered.

SIGNATURE:

SINUA . JEAN SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dennis K. Diehm

2-15-99

(813) 243-0252

Daytime Phone #

:R2E034 (11/98