

**FILED**  
**Aug 18, 1999 8:00 am**  
**Secretary of State**

08-18-1999 90007 004 \*\*\*150.00

AMOUNT DUE ON OR BEFORE 09/15/99: \$350 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P98000082983**

1. Corporation Name

DIVERSE PRODUCTS &amp; SERVICES, INC.

Principal Place of Business  
 2223 VALRICO FOREST DRIVE  
 VALRICO FL 33594

Mailing Address  
 2223 VALRICO FOREST DRIVE  
 VALRICO FL 33594

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/23/1998

4. FEI Number

59-3538859

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐\$5.00 May Be  
Added to Fees8. This corporation owes the current year  
Intangible Personal Property. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

23 City &amp; State

27 City &amp; State

24 Zip 25 Country

28 Zip 29 Country 30

9. Name and Address of Current Registered Agent

RUSSELL, RONNY J  
 2223 VALRICO FOREST DRIVE  
 VALRICO FL 33594

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

8-3-99

12. OFFICERS AND DIRECTORS

TITLE DPT  
 NAME RUSSELL, RONNY J  
 STREET ADDRESS 2223 VALRICO FOREST DRIVE  
 CITY-ST-ZIP VALRICO FL 33594 ☐ DELETE

TITLE VSD  
 NAME RUSSELL, CHARLA H  
 STREET ADDRESS 2223 VALRICO FOREST DRIVE  
 CITY-ST-ZIP VALRICO FL 33594 ☐ DELETE

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ DELETE

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ DELETE

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ DELETE

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

2.1 TITLE SD  
 2.2 NAME CHARLA H RUSSELL ☒ Change ☐ Addition  
 2.3 STREET ADDRESS SA  
 2.4 CITY-ST-ZIP

3.1 TITLE VD  
 3.2 NAME MATTHEW RUSSELL ☐ Change ☒ Addition  
 3.3 STREET ADDRESS SA  
 3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/3/99

Date

813-681-8552

Daytime Phone #

CR2E034 (5/99)