

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 # V58469

1. Corporation Name

DIAMOND EQUIPMENT, INC.

Principal Place of Business

7612 EMERALD DR.
MELBOURNE FL 32904

Mailing Address

7612 EMERALD DR.
MELBOURNE FL 32904

FILED
Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90025 037 ***158.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/17/1992

4. FEI Number

59-3134367

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 the current year Intangible
Personal Property Tax.



Yes

No

9. Name and Address of Current Registered Agent

TRIPP, MARLENE E

~~600 N WICKHAM ROAD~~
~~MELBOURNE FL 32904~~

10. Name and Address of New Registered Agent

81 Name

MARLENE E. TRIPP

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

83

7612 EMERALD DRIVE

84 City

MELBOURNE

FL

85 Zip Code
32904

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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE

P

NAME

TRIPP, RAMON L

STREET ADDRESS

~~1923 N WICKHAM RD.~~

CITY-ST-ZIP

~~MELBOURNE FL~~

☒ DELETE

TITLE

V

NAME

TRIPP, MARLENE

STREET ADDRESS

~~1923 N WICKHAM RD.~~

CITY-ST-ZIP

~~MELBOURNE FL~~

☒ 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

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

P

TRIPP, RAMON L

1923 N WICKHAM RD. #160

MELBOURNE FL

☒ Change

☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

V

TRIPP, MARLENE

1923 N WICKHAM RD. #160

MELBOURNE FL

☐ Change

☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

V

TRIPP, MARLENE

1923 N WICKHAM RD. #160

MELBOURNE FL

☒ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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, with all other like empowered.

SIGNATURE:

TRIPP, MARLENE E

1/25/98

407-725-5930

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0109973