

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 APR -4 PM 11:12

DOCUMENT # **198776** (7)  
1. Corporation Name  
**THE IDLEWYLD CORPORATION, INC.**

Principal Place of Business      Mailing Address  
**3350 A-1-A**                                      **3350 A-1-A**  
**P.O. BOX 1117**                                      **P.O. BOX 1117**  
**VERO BEACH FL 32961-1117**                                      **VERO BEACH FL 32961-1117**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified      3a. Date of Last Report  
**01/02/1957**                                      **04/15/1994**

2. Principal Place of Business      2a. Mailing Address  
21 **662 Azalea Ln**                                      26 **662 Azalea Ln**  
Suite, Apt. #, etc.                                      Suite, Apt. #, etc.  
22    27  
City & State    City & State  
23    28  
Zip    Zip    Country    Country  
24    25    29    30

4. FEI Number                                      Applied For  
**59-1961234**                                      Not Applicable  
5. Certificate of Status Desired            **\$8.75** Additional Fee Required  
6. Election Campaign Financing            **\$5.00** May Be Added to Fees  
Trust Fund Contribution  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes       Yes       No

9. Name and Address of Current Registered Agent      10. Name and Address of New Registered Agent

**COLLINS, BROWN & CALDWE C**  
**756 BEACHLAND BOULEVARD**  
**VERO BEACH FL 32963**

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 re-registering      DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	1. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>OUGHTRED, G.F.</b>	12. NAME	
STREET ADDRESS	<b>3350 A-1-A</b>	13. STREET ADDRESS	<b>662 Azalea Ln</b>
CITY - ST - ZIP	<b>VERO BEACH FL</b>	14. CITY - ST - ZIP	
TITLE	<b>STD</b>	21. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>OUGHTRED, WE</b>	22. NAME	
STREET ADDRESS	<b>3350 A-1-A</b>	23. STREET ADDRESS	<b>662 Azalea Ln</b>
CITY - ST - ZIP	<b>VERO BCH FL</b>	24. CITY - ST - ZIP	
TITLE	<b>VD</b>	31. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RATHBUN, RONALD L.</b>	32. NAME	
STREET ADDRESS	<b>3350 A-1-A</b>	33. STREET ADDRESS	<b>662 Azalea Ln</b>
CITY - ST - ZIP	<b>VERO BEACH FL</b>	34. CITY - ST - ZIP	
TITLE	<b>D</b>	41. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>OUGHTRED, R W</b>	42. NAME	
STREET ADDRESS	<b>3350 A-1-A</b>	43. STREET ADDRESS	<b>662 Azalea Ln</b>
CITY - ST - ZIP	<b>VERO BCH FL</b>	44. CITY - ST - ZIP	
TITLE		51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY - ST - ZIP		54. CITY - ST - ZIP	
TITLE		61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY - ST - ZIP		64. CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 2 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Ronald L. Rathbun*      **RONALD L. RATHBUN**      3-29-95      407-231-5148  
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      (Date)      (Telephone #)