

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

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



Principal Place of Business: 662 AZALEA LN, P.O. BOX 1117, VERO BEACH FL 32961-1117 US
Mailing Address: 662 AZALEA LN, P.O. BOX 1117, VERO BEACH FL 32961-1117 US

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-29) fields with sub-fields for Suite, City, State, Zip, and Country.

3. Date Incorporated or Qualified: 01/02/1957
3a. Date of Last Report: 04/04/1995
4. FEI Number: 59-1961234
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: COLLINS, BROWN & CALDWE C, 756 BEACHLAND BOULEVARD, VERO BEACH FL 32963

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and 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

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	OUGHTRED, G.F.	
STREET ADDRESS	662 AZALEA LN	
CITY - ST - ZIP	VERO BEACH FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	OUGHTRED, WE	
STREET ADDRESS	662 AZALEA LN	
CITY - ST - ZIP	VERO BCH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	RATHBUN, RONALD L.	
STREET ADDRESS	662 AZALEA LN	
CITY - ST - ZIP	VERO BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	OUGHTRED, R W	
STREET ADDRESS	662 AZALEA LN	
CITY - ST - ZIP	VERO BCH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

600001743686
-03/14/96--01107--001
***200.00

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)(k), 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: RONALD L RATHBUN 2/7/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #

CR2E034 (12/95)