

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 # 521635 (3)

1. Corporation Name

INDRIO COMPANY

Principal Place of Business

311 S 2ND ST
FT PIERCE FL 34950

Mailing Address

311 S 2ND ST
FT PIERCE FL 34950



2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

01/05/1977

3a. Date of Last Report

03/07/1995

4. FEI Number

59-1868712

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

NEILL, RICHARD
311 S 2ND ST
FT PIERCE, FL
34950

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 for public use of registered agent and not applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

PD
NAME NEILL, RICHARD V
STREET ADDRESS 311 S 2ND ST
CITY-STATE-ZIP FT PIERCE, FL 00000

☐ DELETE

DS
NAME NEILL, WILLIAM L
STREET ADDRESS 311 S 2ND ST
CITY-STATE-ZIP FT PIERCE, FL 00000

☐ DELETE

VD
NAME NEILL, RICHARD V JR
STREET ADDRESS 311 S 2ND ST
CITY-STATE-ZIP FT PIERCE, FL 00000

☐ DELETE

VPD
NAME NEILL, ANN M.
STREET ADDRESS 430 QUEENS ROAD
CITY-STATE-ZIP CHARLOTTE, NC.

☐ DELETE

NAME
STREET ADDRESS

CITY-STATE-ZIP

NAME
STREET ADDRESS

CITY-STATE-ZIP

NAME
STREET ADDRESS

CITY-STATE-ZIP

NAME
STREET ADDRESS

CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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)(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 included, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/96

(407) 464-8200

Date

Daytime Phone #

CR2E034 (12/95)