

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 # **596995** (1)

1. Corporation Name

ICC CAPITAL, INC.

Principal Place of Business

**225 S ORANGE AVE
SUITE 900
ORLANDO FL 32801-3454
US**

Mailing Address

**255 SOUTH ORANGE AVENUE
SUITE 900
ORLANDO FL 32801
US**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/29/1978		3a. Date of Last Report 07/14/1995	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1873605		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24	Country	29	Country	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			
SHOCKLEY, FRED J. 255 SOUTH ORANGE AVENUE SUITE #900 ORLANDO FL 32801				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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	MP ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	SHOCKLEY, FRED J.	1.2 NAME	
STREET ADDRESS	255 SOUTH ORANGE AVENUE, SUITE 900	1.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL	1.4 CITY - ST - ZIP	
TITLE	MS ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MCMURRY, GRANT I.	2.2 NAME	
STREET ADDRESS	255 SOUTH ORANGE AVENUE, SUITE 900	2.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL	2.4 CITY - ST - ZIP	
TITLE	M ☒ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	GUERRIERO, FRANK T	3.2 NAME	
STREET ADDRESS	255 SOUTH ORANGE AVENUE, SUITE 900	3.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL	3.4 CITY - ST - ZIP	
TITLE	M ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	BROCK, DAVID M	4.2 NAME	
STREET ADDRESS	255 SOUTH ORANGE AVENUE, SUITE 900	4.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL	4.4 CITY - ST - ZIP	
TITLE	M ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	DAVIS, BRYAN A	5.2 NAME	
STREET ADDRESS	255 SOUTH ORANGE AVENUE, SUITE 900	5.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL	5.4 CITY - ST - ZIP	
TITLE	M ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	RUNDELL, RICHARD G	6.2 NAME	
STREET ADDRESS	255 SOUTH ORANGE AVENUE, SUITE 900	6.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL	6.4 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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/96

841-6241

CR2E034 (12/95)