

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **H30175 (4)**  
 1. Corporation Name  
**IGPA, INC.**



Principal Place of Business: **7300 SW 35TH WAY GAINESVILLE FL 32608**  
 Mailing Address: **7300 SW 35TH WAY GAINESVILLE FL 32608**

3. Date Incorporated or Qualified: **11/16/1984**  
 3a. Date of Last Report: **01/31/1995**  
 4. FEI Number: **59-2403587**  
 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

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

9. Name and Address of Current Registered Agent  
**SALTER, JAMES D.  
 703 NE 1ST ST  
 GAINESVILLE FL 32601**

10. Name and Address of New Registered Agent  
 81. Name: **CARY SPLANE**  
 82. Street Address (P.O. Box Number is Not Acceptable): **7300 S.W. 35th Way**  
 83.  
 84. City: **Gainesville**  
 85. Zip Code: **FL 32608**

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: *Cary Splane*  
Signature of principal, officer, director, agent, and authorized representative (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>SALTER, JAMES D.</b>	
STREET ADDRESS	<b>703 NE 1ST ST</b>	
CITY - ST - ZIP	<b>GAINESVILLE FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>JENNINGS, JOHN C.</b>	
STREET ADDRESS	<b>2814 SW 13TH ST</b>	
CITY - ST - ZIP	<b>GAINESVILLE FL</b>	
TITLE	<b>DT</b>	<input type="checkbox"/> DELETE
NAME	<b>BRASINGTON, CHARLES</b>	
STREET ADDRESS	<b>7300 SW 35TH WAY</b>	
CITY - ST - ZIP	<b>GAINESVILLE FL</b>	
TITLE	<b>Cary Splane DT</b>	<input type="checkbox"/> DELETE
NAME	<b>Cary Splane</b>	
STREET ADDRESS	<b>7300 SW 35th Way</b>	
CITY - ST - ZIP	<b>Gainesville, FL 32608</b>	
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		
11 TITLE	<b>DT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	<b>CARY SPLANE</b>	
13 STREET ADDRESS	<b>7300 SW 35th Way</b>	
14 CITY - ST - ZIP	<b>Gainesville, FL 32608</b>	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE	<b>000001896890</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	<b>-07/17/96--01072--017</b>	
63 STREET ADDRESS	<b>***225.00</b>	
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)(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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Cary Splane*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date: **6-13-96** Telephone: **352-372-0961**

CR2E034 (3/96)