

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra D. Northam
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAR 14 AM 10:10

DOCUMENT # L44013 (5)

1. Corporation Name
INTERSTATE COLONIAL CORPORATION

Principal Place of Business Mailing Address
**% TIMOTHY G. HAINS
400 5TH AVE. S. STE 301
NAPLES FL 33940** **% TIMOTHY G. HAINS
4501 N TAMAMI TRAIL SUITE 300
NAPLES FL 33940
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **01/22/1990** 3a. Date of Last Report **03/15/1994**

4. FEI Number **65-0175189** 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 2a. Mailing Address
21 State, Apt. #, etc. 26 State, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**HAINS, TIMOTHY G.
4501 N TAMAMI TRAIL
#300
NAPLES FL 33940**

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 _____ DATE _____
Signature (specify printed name of registered agent and the filer) (Required Agent signature required when registering)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	SUTTON, KERMIT S.
STREET ADDRESS	400 5TH AVE. SOUTH, #301
CITY-ST-ZIP	NAPLES FL
TITLE	D
NAME	SPENCER, DAVID S.
STREET ADDRESS	3255 TAMAMI TR. NORTH
CITY-ST-ZIP	NAPLES FL
TITLE	D
NAME	MCCOLLUM, GORDON A.
STREET ADDRESS	1801 GRAND AVE.
CITY-ST-ZIP	DES MOINES IA
TITLE	D
NAME	WILLIAMS, JOHN B.
STREET ADDRESS	3420 S.W. 9TH ST.
CITY-ST-ZIP	DES MOINES IA
TITLE	
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	

14. I, the filer, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(1)(k), Florida Statutes. I hereby 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 on Block 12 or Block 13 or on an attachment with an address.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
KERMIT S. SUTTON

2-16-95 (813)263-8333