

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Feb 04 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION  
ANNUAL REPORT  
1997**



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

**DOCUMENT # L44013 (5)**

1. Corporation Name  
**INTERSTATE COLONIAL CORPORATION**



Principal Place of Business

**801 - 12TH AVE. S. #400  
NAPLES FL 33940  
US**

Mailing Address

**% TIMOTHY G. HAINS  
4501 N TAMiami TRAIL SUITE 300  
NAPLES FL 34103-3023  
US**

3. Date Incorporated or Qualified <b>01/22/1990</b>	3a. Date of Last Report <b>02/13/1996</b>
4. FEI Number <b>65-0175189</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business

21 Suite, Apt #, etc.

22 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt #, etc

27 City & State

29 Zip Country

9. Name and Address of Current Registered Agent

**HAINS, TIMOTHY G.  
4501 N TAMiami TRAIL  
#300  
NAPLES FL 33940**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>D/O</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SUTTON, KERMIT S.</b>	1.2 NAME	<b>KERMIT SUTTON, KERMIT S.</b>
STREET ADDRESS	<b>400 6TH AVE. SOUTH, #301</b>	1.3 STREET ADDRESS	<b>801 12th Ave. S. #400</b>
CITY-ST-ZIP	<b>NAPLES FL</b>	1.4 CITY-ST-ZIP	<b>NAPLES, FL 34102</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SPENCER, DAVID S.</b>	2.2 NAME	
STREET ADDRESS	<b>3255 TAMiami TR. NORTH</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NAPLES FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCCOLLUM, GORDON A.</b>	3.2 NAME	
STREET ADDRESS	<b>1801 GRAND AVE.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DES MOINES IA</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILLIAMS, JOHN B.</b>	4.2 NAME	
STREET ADDRESS	<b>3420 S.W. 9TH ST.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DES MOINES IA</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, changed, or on an attachment with an address.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **1-17-97** (941)263-8383  
Daytime Phone #

CR2E034 (9/96)