

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
---	---	--

FILED
Jun 17 1996 8:00 am
Secretary of State

DOCUMENT # **V64039** (3)

1. Corporation Name

INNOVATIVE CONSTRUCTION & DESIGN INC.

Principal Place of Business

**681 N. GLENN DR.
ALTAMONTE SPRINGS FL 32701**

Mailing Address

**681 N. GLENN DR.
ALTAMONTE SPRINGS FL 32701**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/14/1992		3a. Date of Last Report 04/28/1995	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number 59-3142710		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		30. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No			

9. Name and Address of Current Registered Agent

**POTTS, WALTER J.
681 N. GLENN DR.
ALTAMONTE SPRINGS FL 32701**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
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 of person in place of registered agent, if applicable

(NOTE: Registered Agent signature required when appointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	POTTS, WALTER J.	1.2 NAME	
STREET ADDRESS	681 N. GLENN DR.	1.3 STREET ADDRESS	
CITY - ST - ZIP	ALTAMONTE SPRINGS FL	1.4 CITY - ST - ZIP	
TITLE	SD	2.1 TITLE	CONRAD P. BAKER
NAME	POTTS, JOYCE J.	2.2 NAME	707 GLADWIN AVE
STREET ADDRESS	681 N. GLENN DR.	2.3 STREET ADDRESS	FERN PARK, FL 32780
CITY - ST - ZIP	ALTAMONTE SPRINGS FL	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	
NAME	MARTIN, GREGORY P.	3.2 NAME	
STREET ADDRESS	411 OAKWOOD CT.	3.3 STREET ADDRESS	
CITY - ST - ZIP	FERN PARK FL	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
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 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 119, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Walter J. Potts

WALTER J. POTTS

8.6514894
14.8308990

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

SYSTEM PHONE

CR2E034 (3/96)