

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

FILED

May 07 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F95000001769 (7)**

1. Corporation Name
I & C SERVICES, INC.

Principal Place of Business

**333 EAST HIGHBANKS RD.
SUITE 22
DEBARY FL 32713
US**

Mailing Address

**333 EAST HIGHBANKS RD.
SUITE 22
DEBARY FL 32713-2615
US**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 26 27 28 29 30

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

04/12/1995

3a. Date of Last Report

03/08/1996

4. FEI Number

59-3084909

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

9. Name and Address of Current Registered Agent

**LEO, MONAHAN
1438 EAST HARTLEY CIRCLE
DELTONA FL 32725**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	MONAHAN, LEO J	
STREET ADDRESS	1438 EAST HARTLEY CIRCLE	
CITY - ST - ZIP	DELTONA FL 32725	
TITLE	V	<input type="checkbox"/> DELETE
NAME	YANDO, PHIL	
STREET ADDRESS	919 SOUTH DEAN CIRCLE	
CITY - ST - ZIP	DELTONA FL 32738-8801	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	GLOVER, KEITH	
STREET ADDRESS	3811 KENT STREET	
CITY - ST - ZIP	SLIDELL LA	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	AGNEW, STEVEN J.	
STREET ADDRESS	2807 WOODLAND BLVD #3122	
CITY - ST - ZIP	DELAND FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	PATTERSON, STEVE	
STREET ADDRESS	110 SHERRY AVENUE	
CITY - ST - ZIP	WINTER SPRINGS FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	LACEY, DEBORAH J.	
STREET ADDRESS	101 KEITH COURT	
CITY - ST - ZIP	WINTER SPRINGS FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	COSTELLO, DEBRA R	
1.3 STREET ADDRESS	349 A DIAMOND STREET	
1.4 CITY - ST - ZIP	DELTONA, FL 32725	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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, if changed, or on an attachment with an address.

SIGNATURE:

Leo J. Monahan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)