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PROFIT CORPORATION ANNUAL REPORT

1999

DOCUMENT # 278360



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

Mar 23, 1999 8:00 am **Katherine Harris Secretary of State**

03-23-1999 90029 026 ***150.00



1. Corporation Name	
INDUSTRIAL CORPORATION OF AMERICA	

Principal Place of Business Mailing Address 13 POINT VIEW LANE 113 POINT VIEW LANE ONGWOOD FL 32779 LONGWOOD FL 32779 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 02/10/1964 2a. Mailing Address 4. FEI Number Applied For 2. Principal Place of Business NOT APPLICABLE Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired П Fee Required 22 27 City & State 6. Election Campaign Financing \$5.00 May Be City_& State_ Trust Fund Contribution Added to Fees 28 23 Zin Country Zip Country 8. This corporation owes the current year Intangible Personal Property Tax. □No 30 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 PETERSON, DONALD N TRUSTEE 82 Street Address (P.O. Box Number is Not Acceptable) 113 POINT VIEW LANE LONGWOOD FL 32779 83 Zip Code 84 City 85 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ Addition DELETE 1.4 TITLE ☐ Change TITLE PETERSON, DONALD N. 1.2 NAME NAME 113 POINT VIEW LANE 1.3 STREET ADDRESS STREET ADDRESS LONGWOOD FL 32779 1.4 CITY-ST-ZIP CITY-ST-ZIF Addition ☐ Change ☐ DELETE TITLE VΠ 2.1 TITLE HALLIBURTON, JOHN JR. 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRES 113 POINT VIEW LANE CITY-ST-ZIP LONGWOOD FL 32779 2. 4 CITY-\$T-ZIP ☐ Change ☐ Addition DELETE 3.1 TITLE TITLE NAME PETERSON, FRANK JR 3.2 NAME 3 3.3 STREET ADDRESS 113 POINT VIEW LANE STREET ADDRES LONGWOOD FL 32779 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition □ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP □ DELETE ☐ Change ☐ Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition □ DELETE 6.1 TITLE ☐ Change TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

CITY-ST-ZIP 14. I 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, with all other like empowered.

6.4 CITY-ST-ZIP

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