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

Mailing Address P.O. DRAWER 2707

FT. MYERS FL 33902

PROFIT CORPORATION ANNUAL REPORT

1999

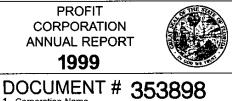
INDIAN ESTATES, INC.

1. Corporation Name

Principal Place of Business

P.O. DRAWER 2707 2248 FIRST ST.

FT. MYERS FL 33902



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90019 015 ***158.75

	DO NOT WRITE IN THIS SPACE	
3.	Date Incorporated or Qualifed	
	10/15/1969	
	EEt Aliceles	

Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For			
	26		59-1300487	Not Applicable			
Suite, Apt. #, etc.	Suite, Apt. #, etc.	-	5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
, Zip Country		ountry	.8. This corporation owes the current year Personal Property Tax.	r Intangible ☐ Yes ☐ No			
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent				
DENNIS L AVERY		81 Name 82 Street Ad	idress (P.O. Box Number is Not Acceptable)				

AVERY, WHIGHAM & WINESETT, P.A. FT. MYERS FL 33902

	10. Hallie and Address of Hell Adgress	,_,,	90	
81	Name			
82	Street Address (P.O. Box Number is Not Acceptable)			
83				
84	City	L	85	Zip Code
-1	named corporation submits this statement for the surpose	of cl	and	ing its registered

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 Stoppeture, typed or printed page of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		RS IN 12	
12.	DPS DELETE	1.1 TITLE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	☐ Change	Addition	
TITLE	_					
NAME	PRESCOTT, RICHARD	1.2 NAME				
STREET ADDRESS	2248 FIRST STREET	1.3 STREET ADDRESS				
CITY-ST-ZIP	FT. MYERS FL 33902	1.4 CITY-ST-ZIP		and the Property of the Proper		
TITLE	☐ DELETE	2.1 TITLE		Change	☐ Addition	
NAME		2.2 NAME				
STREET ADDRESS		2.3 STREET ADDRESS			}	
CITY-ST-ZIP		2. 4 CITY+ST-ZIP				
TITLÉ	☐ DELETE	3.1 TITLE		☐ Change	☐ Addition	
NAME		3.2 NAME				
STREET ADDRESS		3.3 STREET ADDRESS			1	
CITY-ST-ZIP		3.4. CITY-ST-ZIP				
TITLE	☐ DELETE	4.1 TITLE		☐ Change	☐ Addition	
NÀME -	<u></u>	4, 2 NAME	- tomat	•		
STREET ADDRESS		4.3 STREET ADDRESS			ľ	
CITY-ST-ZIP		44 CITY-ST-ZIP				
TITLE	☐ DELETE	5.1 TITLE		Change	Addition	
NAME		5.2 NAME				
STREET ADDRESS		5.3 STREET ADDRESS				
CITY-ST-ZIP		5.4 CITY-ST-ZIP				
TITLE	DELETE	6.1 TITLE		☐ Change	Addition	
NAME		6.2 NAME				
STREET ADDRESS		6.3 STREET ADDRESS				
CITY-ST-ZIP		6.4 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 open attachment with an address, with all other like empowered.

SIGNATURE:

April 2, 1999

694-1640