

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 364208 (9)

1. Corporation Name

INDIES DEVELOPMENT COMPANY



Principal Place of Business

Mailing Address

P.O. BOX 616
P O BOX 1709
FT. WHITE FL 32038
US

P.O. BOX 616
P O BOX 1709
FT. WHITE FL 32038
US

3. Date Incorporated or Qualified

05/18/1970

3a. Date of Last Report

08/02/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-1361220

Applied For

Not Applicable

22

27

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

23

28

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

24

29

30

8. This corporation has liability for intangible tax under s 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ARROYO, NANCY M., ESQ.
C/O ARROYO & ARROYO, P.A.
6701 SUNSET DRIVE, SUITE 104
MIAMI FL 33143

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME CRUMP, C C
STREET ADDRESS P.O. BOX 616 N/A
CITY-ST-ZIP FT. WHITE FL

☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

NAME

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

STREET ADDRESS

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

CITY-ST-ZIP

2.4 CITY-ST-ZIP

TITLE

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

NAME

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

STREET ADDRESS

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

CITY-ST-ZIP

3.4 CITY-ST-ZIP

TITLE

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

NAME

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

STREET ADDRESS

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

CITY-ST-ZIP

4.4 CITY-ST-ZIP

TITLE

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

NAME

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

STREET ADDRESS

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

CITY-ST-ZIP

5.4 CITY-ST-ZIP

TITLE

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

NAME

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRES.

4/22/96

904 497 2704

Date

Daytime Phone #

CR2E034 (12/95)