FILE I	NOW: FILING FEE A	FTER MAY 1 IS	\$225.0	0		
♥ PR CORPC	OFIT DRATION _ REPORT	FLORIDA DEPARTA Sandra B N Secretary	MENT OF STA Mortham			
19	996	DIVISION OF CO	HPORATION	IS 	_	
DOCUM		B (9)				
Corporation Na     INDER	ILL & ASSOCIATES, INC.					
OHOLI	ILL & ADDOORNIED ING.					
Proposal Phone of	Hueinoce	Mailing Address				OT HOUR BEGIN BEGIN BIGHT BEGIN BIDEN BIDEN BIDEN
430 N. HARBOR CITY BLVD. 490 N. HARBOR CITY BLVD.						
MELBOURNE FL 32935-6858 MELBOURNE FL 3293			5 <b>858</b>			3a. Date of Last Report
					<ol> <li>Date Incorporated or Qualified 12/30/1975</li> </ol>	05/01/1995
2. Principal Place	of Business	2a, Mailing Address			4. FEI Number 59-1637013	Applied For Not Applicable
Suite, Apt. #, 6		Suite Apt. #, etc			Certificate of Status Desired	\$8.75 Additional
22		City & State			6. Election Campaign Financing	Fee Required  \$5.00 May Be
Crty & State		28			Trust Fund Contribution	Added to Fees
Zip	Country	Ζιρ 29	Country 30		8. This corporation has liability for i	intang/ble tax under s 199 032
24	9. Name and Address of Current				10. Name and Address of New R	egistered Agent
LUIDEDII	L MADDY I III			Name		
	ll, Harry J, III Harbor City Blyd.		82	Street Add	lress (P.O. Box Number is Not Acceptab	/e)
MELBOL	IRNE FL 32935-6858		В3			
			84	City		FL 85 Zip Code
11. Pursuant to	the provisions of Sections 607 0502	and 607.1508, Florida Statutes.	the above na	amed corpo	oration submits this statement for the pul ard of directors. Thereby accept the app	rpose of changing its registered office ointment as registered agent. Lam
familiar with,	and accept the obligations of, Section	in 607 0506, Florida Statutes.				
SIGNATURE	justice typed or parted same of regularities argent.			signature reque	et also receiving	DATE
12.	OFFICERS AND	DIRECTORS  DELETE	13.		ADDITIONS/CHANGES TO OFF	Change Addition
NAME	UNDERILL, H.J. III		1.2 NAME			
STREET ADDRESS	490 N. HARBOR CITY BLVD MELBOURNE FL 32935-685	8	13 STREET A			
TITLE		☐ DELETE	2 1 Tille			Change Addition
NAME CTOTEL ADDOCCES			2.2 NAME 2.3 STREET A	ADDRESS		
STREET ADDRESS  CITY - ST - ZIP			24 CI!Y - ST			
TITLE		☐] Det ete	3 1 THLE 3 2 NAME			Change Add-tion
NAME STREET ADDRESS			3 3 STREET	ADOPESS		
CHY-ST-7IP		DELETE	3.4 C/TY - ST 4.1 TI*LE	1 - ZIP		Change Addition
TIFLE NAME		[] DECER	4 2 NAME			
STREET ADDRESS	~		4.3 STREET	ļ		
CITY-ST ZIP		☐ DELETE	5 1 THE	1 - 216	CALLY CONTROL OF THE	☐ Change ☐ Addition
NAME		·	5.2 NAME			
STREET ADDRESS			5.3 STREET 5.4 City - St			
CITY-ST-ZIP TITLE		DELETE	6 1 1/1/16			Change Addition
NAME			6.2 NAME			

64 CFY ST-ZIP

14. I do hereby certify that the information supplied with this fring is voluntarily furnished and does not quality 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 yethanged, or on an attachment with an address.

6.3 STREET ADDRESS

SIGNATURE:

THEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)