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

CORPORATION



FLORIDA DEPARTAS STATE

Sandra B. Mortham

|  | 1996   |  |  | DIVISION OF   | CORPOR   | ATIO   | NS  |                  |  |                       |  |   |  |
|--|--|--|--|---|--|--|---|------------------|--|-----------------------|--|---|--|
| DOCU   | MENT #   | 63238  | 19   | (3)   |  | **   |   |                  |  |                       |  |   |  |
|  | REALTY OF IN   | IDIANA, INC.   |  |   |  |  |   |                  | 4 188118 AVES VIIIS                      | 51 <b>800</b> 000 100 | AT 4841 \$4841 \$                                  |   |  |
|  |  |  |  |   |  |  |   |                  |  |                       |  |   |  |
| Principal Place  | e of Business  |  | Mailing  | g Address   |  |  |   |                  | I JOOING GARDONNIS                       | FROM GROWF (D)        | 18 1811 <b>4</b> 696 <b>0</b> 1                    | <b>                                    </b>         | IL AIDIS AIDII 1681  |
| 2800 CANTRELL RD.<br>PO BOX 3375<br>LITTLE ROCK AR 72203   |  |  | 2800 CANTRELL RD.<br>PO BOX 3375<br>LITTLE ROCK AR 72203 |   |  |  |   |                  |  |                       |  |   |  |
| LITTLE NO.   | JA MR 72203  |  | Lili   | ILE HOOK AR 122   | w  |  |   |                  | e Incorporated of <b>6/09/1979</b>       | or Qualified          | 1 **   | e of Last F<br>)3/17/19                             | •  |
| 100  | lace of Business   |  | F  | aiting Address  |  |  |   | 4. FEI I         | Number                                   |                       | <u> </u>   |   | Applied For  |
| 21 Suite, Apt  | # etc:   |  | 26 Su  | iite, Apt #, etc.   |  |  |   |                  | 59-1964683                               |                       |  |   | Not Applicable  Additional   |
| 22   | 11,000   |  | 27   | meo, 7 p. 11, 010.  |  |  |   | 5. Cert          | ificate of Status                        | Desired               |  |   | Required   |
| City & Stat  | e  |  | 1  | ty & State  |  |  |   | 1                | tion Campaign                            | -                     |  |   | <b>О</b> Мау Ве  |
| 23]<br>70  | ···  | Country  | 28]<br>Zıç   |   | Cou  | untry  |   |                  | st Fund Contribution for corporation has |                       |  |   | 109 032  |
| 24   | 25   |  | 29   | ,   | 30   | <b>,</b>   |   | 1                | da Statutes                              |                       | S DONO   | eix unus s  | 103.002,   |
|  | g. Name and  | Address of Curre   | nt Registere   | ed Agent  |  | 041  |   | 10. Nan          | ne and Addres                            | s of New F            | Registered   | Agent   |  |
|  |  |  |  |   |  | 81   | Name  |                  |  |                       |  |   |  |
| AYCOCK, LYNDA R<br>1 INDEPENDENT DRIVE   |  |  |  | 82  |  |  | Street Ad   | kdress (P.O. B   | ox Number is N                           | lot Acceptat          | ble)   |   |  |
|  | NDEPENDENT DRIV  | =  |  |   |  | <b>B3</b>  |   |                  |  |                       |  |   |  |
|  | ONVILLE FL 32  |  |  |   |  |  |   |                  |  |                       |  | 85 Z  | p Code   |
| JAURS  | IVITAILLE LE SE  | 2U2  |  |   |  | 94   | Cdv   |                  |  |                       |  |   |  |
| 11. Pursuant or registe  | to the provisions o  | of Sections 607.050<br>, in the State of Flor  | ida. Such ch   | ange was authoriz   | ed by the d  | ove-n<br>corpo   | City<br>lamed corp<br>bration's bo  | ioration submi   | its this statemer                        | nt for the pu         | FL<br>irpose of ch<br>pointment as                 | anging its  | registered offic   |
| 11. Pursuant or registe  | to the provisions of<br>gred agent, or both<br>with, and accept the  | of Sections 607,050;<br>in the State of Flor<br>obligations of, Sec<br>ethane of regularer agen  | ida. Such ch<br>tion 607,050<br>it and ble it apple      | ango was authoriz<br>5, Florida Statutes<br>ratile (NC  | ed by the d  | ove-n<br>corpo   | amed corporation's bo   | pard of director | ors. I hereby acc                        | ept the app           | irpose of choointment as                           | anging its<br>s registered                          | registered offic<br>d agent. I am  |
| 11. Pursuant<br>or registe<br>familiar w<br>SIGNATURE  | to the provisions of the provisions of the provisions of the little and accept the Style at we typed or part   | of Sections 607,050;<br>in the State of Flor<br>obligations of, Sec  | ida. Such ch<br>tion 607,050<br>it and ble it apple      | ange was authoriz<br>5, Florida Statutes<br>anie (NC<br>RS  | ed by the distance of the dist | ove-n<br>corpo   | amed corporation's bo   | pard of director | ors. Thereby acc                         | ept the app           | rpose of choointment as                            | anging its<br>registered                            | registered office<br>d agent. I am<br>DRS IN 12                                |
| 11. Pursuant or registe familiar w SIGNATURE  12. http://doi.org/10.1001/10.1  | to the provisions of the provisions of the provisions of the latest latest the latest late | of Sections 607.050;<br>in the State of Flor<br>obligations of, Sec<br>estimate of registeres ages<br>Of FICERS AN   | ida. Such ch<br>tion 607,050<br>it and ble it apple      | ango was authoriz<br>5, Florida Statutes<br>ratile (NC  | ed by the distribution of  | ove-n<br>corpo<br>d Agent  | amed corporation's bo   | pard of director | ors. I hereby acc                        | ept the app           | rpose of choointment as                            | anging its<br>s registered                          | registered offici<br>d agent. I am   |
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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 certify 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 charging or on an attachment with an address.

SIGNATURE:

SIGNATURE:

SIGNATURE SIGNATURE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William J. Benne + Later Dayling Phone #