

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F29494 (4)

1. Corporation Name

~~AMI-PROPERTIES, INC.~~ IBG PROPERTIES, INC.

N/C
12/07/95



Principal Place of Business

HWY 80 W POB 459
LABELLE FL 33935

Mailing Address

HWY 80 W POB 459
LABELLE FL 33935

2. Principal Place of Business

2a. Mailing Address

26 P.O. Box 459

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

Attn: Kathy McDaniel

23 Zip

Country

28 Zip

Country

LaBelle, FL

29 33935

30 US

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
04/14/1981

3a. Date of Last Report
05/01/1995

4. FEI Number
59-2086555

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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

10. Name and Address of New Registered Agent

BERRY, JACK M JR
HWY 80 W
LABELLE FL 33935

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 607.0102 and 607.1503, 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 607.0105, Florida Statutes.

SIGNATURE

Signature of person authorized to execute this statement

Signature of person authorized to execute this statement

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

ST
MCDANIEL, KATHY
270 LIVE OAK LANE
LABELLE FL

☐ DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY, ST, ZIP

☐ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

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CITY, ST, ZIP

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CITY, ST, ZIP

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STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

SIGNATURE: Kathy H. McDaniel, Secretary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 17, 1996 (941)675-2769

CR2E034 (12/95)