

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F34232** (1)

1. Corporation Name
ICA CORPORATION



Principal Place of Business

Mailing Address

**JAMES C. STEWART, JR., ESQUIRE
1805 COUNTY ROAD, 951 SOUTH
GOLDEN GATE FL 33999**

**JAMES C. STEWART, JR., ESQUIRE
1805 COUNTY ROAD, 951 SOUTH
GOLDEN GATE FL 33999**

2. Principal Place of Business

2a. Mailing Address

21 **4720 SE 15th Ave**

26 **4720 SE 15th Ave**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Suite 201**

27 **Suite 201**

City & State

City & State

23 **CAPE CORAL FL**

28 **CAPE CORAL FL**

Zip

Country

Zip

Country

24 **33904**

25

29 **33904**

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JAMES C. STEWART, JR., ESQUIRE
1805 COUNTY ROAD, 951 SOUTH
GOLDEN GATE FL 33999**

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 removing agent)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **JOHNSON, BERNARD**
STREET ADDRESS **26133 US 19 N #204**
CITY-ST-ZIP **CLEARWATER FL**

11 TITLE ☒ Change ☐ Addition
12 NAME
13 STREET ADDRESS **4720 SE 15th Ave Suite 201**
14 CITY-ST-ZIP **CAPE CORAL FL 33904**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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 617, 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

Date:

Signature Printed Name

7/15/96 941-227
542-1542

CR2E034 (3/96)