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PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F50659

1. Corporation Name
INDIGO COMMERCIAL REALTY INC.

Principal Place of Business	Mailing Address
149-C SO RIDGEWOOD AVENUE P.O. BOX 10809 DAYTONA BEACH FL 32120-0809 US	149-C SO RIDGEWOOD AVENUE P.O. BOX 10809 DAYTONA BEACH FL 32120-0809 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) Country (25)	Zip (29) Country (30)

3. Date Incorporated or Qualifed: 10/22/1981

4. FEI Number: 59-2174065 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LAGONI, PATRICIA
149-C S RIDGEWOOD AVENUE
DAYTONA BEACH FL 32114

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DV	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	TEETERS, BRUCE W.		1.2 NAME		
STREET ADDRESS	149 CS RIDGEWOOD AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH FL		1.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	2.1 TITLE	D	☐ Change XX Addition
NAME	MCMUNN, WILLIAM H.		2.2 NAME		
STREET ADDRESS	149-C S. RIDGEWOOD AVE.		2.3 STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BCH. FL		2.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	APGAR, ROBERT F.		3.2 NAME		
STREET ADDRESS	149-C S. RIDGEWOOD AVE.		3.3 STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BCH. FL		3.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	4.1 TITLE	S	☐ Change ☒ Addition
NAME	MOOTHART, GARY J.		4.2 NAME		
STREET ADDRESS	149-C S. RIDGEWOOD AVE.		4.3 STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	ALLEN, BOB D.		5.2 NAME		
STREET ADDRESS	608 JOHN ANDERSON DRIVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	ORMOND BCH FL		5.4 CITY-ST-ZIP		
TITLE	VSD	XX DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	LAGONI, PATRICIA		6.2 NAME		
STREET ADDRESS	131 MUIRFIELD DRIVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH FL		6.4 CITY-ST-ZIP		

CR2E034 (11/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: Gary Moothart, Secretary 2/24/99 904-255-7558
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #