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FILED
Mar 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
**1997**

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

DOCUMENT # **F96000000130 (2)**

1. Corporation Name
**INTERSTATE MANAGEMENT GROUP, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| ~~PO BOX 33~~<br>ORANGE PARK FL ~~32067~~ | ~~[illegible]~~<br>ORANGE PARK FL ~~32067-0033~~ |

3. Date Incorporated or Qualified: 01/08/1996
3a. Date of Last Report:

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 1233 Kingsley Ave. | 26 P.O. Box 2475 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 Orange Park, FL | City & State 28 Orange Park, FL |
| Zip 24 32073 Country 25 Clay | Zip 29 32067 Country 30 Clay |

4. FEI Number [redacted] 59-3103307 [redacted] 59-2822853 ☐ 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

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| ANGEL, W F<br>~~[illegible]~~ P.O. Box 2475<br>ORANGE PARK FL ~~32067~~ 32067-2475 | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | PDC ☐ DELETE | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME | ANGEL, W F | 1.2 NAME | |
| STREET ADDRESS | ~~[illegible]~~ DR. 4465 Cedar Rd. | 1.3 STREET ADDRESS | 4465 Cedar Rd |
| CITY-ST-ZIP | ORANGE PARK FL ~~32073~~ 32065 | 1.4 CITY-ST-ZIP | Orange Park, FL 32065 |
| TITLE | VDC ☐ DELETE | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | ANGEL, D K | 2.2 NAME | |
| STREET ADDRESS | ~~[illegible]~~ DR. 4465 Cedar Rd | 2.3 STREET ADDRESS | 4465 Cedar Rd |
| CITY-ST-ZIP | ORANGE PARK FL ~~32073~~ 32065 | 2.4 CITY-ST-ZIP | Orange Park, FL 32065 |
| TITLE | ☐ DELETE | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

CR2E034 (9/96)

14. I do 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.

**SIGNATURE:** X _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #