

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 # H30175 (4)

1. Corporation Name

IGPA, INC.



Principal Place of Business

Mailing Address

7300 SW 35TH WAY
GAINESVILLE FL 32608

7300 SW 35TH WAY
GAINESVILLE FL 32608

3. Date Incorporated or Qualified
11/16/1984

3a. Date of Last Report
01/31/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

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4. FEI Number
59-2403587

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

SALTER, JAMES D.
703 NE 1ST ST
GAINESVILLE FL 32601

81 Name CARY SPLANE

82 Street Address (P.O. Box Number is Not Acceptable)

7300 SW 35th Way

83

84 City Gainesville

FL

85 Zip Code 32608

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

Cary Splane

(NOTE: Registered Agent's signature required when reinstating.)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☒ DELETE
NAME SALTER, JAMES D.
STREET ADDRESS 703 NE 1ST ST
CITY - ST - ZIP GAINESVILLE FL

1.1 TITLE DT ☐ Change ☒ Addition
1.2 NAME CARY SPLANE
1.3 STREET ADDRESS 7300 SW 35th Way
1.4 CITY - ST - ZIP Gainesville, FL 32608

TITLE D ☒ DELETE
NAME JENNINGS, JOHN C.
STREET ADDRESS 2814 SW 13TH ST
CITY - ST - ZIP GAINESVILLE FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE DT ☐ DELETE
NAME BRASINGTON, CHARLES
STREET ADDRESS 7300 SW 35TH WAY
CITY - ST - ZIP GAINESVILLE FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE Cary Splane DT ☐ DELETE
NAME
STREET ADDRESS 7300 SW 35th Way
CITY - ST - ZIP Gainesville, FL 32608

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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:

Cary Splane

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-13-96 352-372-0961

Date

Daytime Phone #

CR2E034 (3/96)