

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Feb 18 1998 8:00am**  
**Secretary of State**

<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Matham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # H52827 (3)**  
 1. Corporation Name  
**INCAST, INC.**



Principal Place of Business <b>3844 WEST MADURA RD GULF BREEZE FL 32561-7847</b>	Mailing Address <b>P.O. BOX 847 GULF BREEZE FL 32561-7847</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>P.O. Box 1356</b> Suite, Apt. #, etc.		2a. Mailing Address 26 <b>Same</b> Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>04/16/1985</b>	
22 <b>Noblesville, IN</b> City & State		27 <b>IN</b> City & State		4. FEI Number <b>59-2544690</b> Applied For Not Applicable	
23 <b>41061</b> Zip		24 <b>USA</b> Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
25 <b>USA</b> Country		29 <b>USA</b> Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24 <b>41061</b> Zip		25 <b>USA</b> Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>HESS, BRIAN D. 9108 W. HWY. 98 PANAMA CITY BEACH FL 32407</b>				10. Name and Address of New Registered Agent			
				81 Name <b>Mike Gibson</b>			
				82 Street Address (P.O. Box Number is Not Acceptable) <b>1850 Caroline St</b>			
				83			
				84 City <b>Milton</b>			
				85 Zip Code <b>FL 32570</b>			

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 *Michael Gibson* **MICHAEL GIBSON, ATTORNEY** DATE **2/12/98**  
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 <b>PST</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>NORTHERN, RONALD D.</b>		1.2 NAME	
STREET ADDRESS <b>3844 MADURA ROAD</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>GULF BREEZE FL</b>		1.4 CITY-ST-ZIP	
TITLE <b>VP</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>NORTHERN, MEREDITH</b>		2.2 NAME	
STREET ADDRESS <b>3844 MADURA RD</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>GULF BREEZE FL</b>		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE: *Ronald D. Northern* **President** DATE **1/13/98** **317-776-8032**

CR2E034 (10/97)