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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

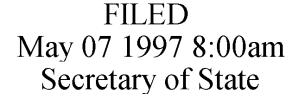
DOCUMENT # J21746

(9)

INDIANA PROPERTIES, INC.

Principal Place of Business

Mailing Address





| % DONALD R. SHERWOOD 5420 BENT OAK DRIVE SARASOTA FL 34232 | | | | 54 | % DONALD R. SHERWOOD 5420 BENT OAK DRIVE SARASOTA FL 34232-3050 | | | | | | | | | | | |
|--|--|---------------------------|-------------|-------------------------------------|---|-------|-----------------|-----------------------------|---------------------------------------|----------------------------------|---|----------------|--------------------------------|----------------------|---------------------------|------|
| | | | | | | | | | | | 3. Date Incorporated or Qualified | | | | eport | |
| 2. Principal Place of Business | | | | 2a. Mailing Address | | | | | | | | | | plied For | | |
| 21 | | | | 26 | | | | | | | 59-2694995 | Not Applicable | | | | |
| Suite, Apt. #, etc. | | | | 27 | | | | | · · · · · · · · · · · · · · · · · · · | 5. Certificate of Status Desired | | | | Additional quired | | |
| City & State | | | | 28 | | | | | | | Election Campaign Financing Trust Fund Contribution | | \$5.00 May Be Added to Fees | | | |
| Zip 24 | Country 25 | | | 29 | ├ - " | | | iuntry | | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes | | | | | |
| | Regi | stered Agent | | | 10. Name and Address of New Registers | | | | | | red Agent | | | | | |
| SHERWOOD, DONALD R. | | | | | | | | 81 | Name | | | | | | | |
| 5420 BENT OAK DRIVE SARASOTA FL 34232 | | | | | | | | 82 | Stree | Addres | ss (P.O. Box Number is Not Acceptat | ole) | | | | |
| - | | | | | | | | 83 | | | | | | | | |
| | | | | | | | | 84 | City | | | FL | 85 | Zip (| Code | |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the atoffice or registered agent, or both, in the State of Florida. Such change was authorized agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida State | | | | | | | | | | d corpo rporatio | ration submits this statement for the parties board of directors. I hereby accept | urpose of | chang cintmo | ging its | s registere registered | d |
| SIGNATURE | | | | -575 | , | | | | | | , | · | | | | |
| 12. | | le if applicable CTORS | (NOII | NOTE Registered Agent a gnature rec | | | | ADDITIONS/CHANGES TO OFFICE | DATE ERS AND | DIRE | CTOR | S IN 12 | \dashv_a | | | |
| TITLE | PDS | | TIOCHO MIND | | ☐ DE | LETE | 1.1 [| 11.6 | | | ADDITIONS OF TAXABLE TO OTTIC | LITO AIVD | Ci | | Addilio | n lo |
| NAME | SHERWOO | D. DONA | LD R. | | | | 1,2 N | | | | | | | | | 2 |
| STREET ADDRESS | FARA DELITARIA BRICE | | | | 1.3\$ | | | TREET | ADDRESS | | | S. | | | | 3 |
| CITY-ST-ZIP | SARASOTA | A FL | | | | | 1.4 C | 11Y-S | 1 - 21P | | | | | | | l i |
| TITLE | 1 | | | | DEI | LETE. | 2.1 T | TLE | | | | | ☐ Cr | ange | Additio | on C |
| NAME | SHERWOOD, DONALD R. | | | | 2.2 | | | AME | | | | | | | | |
| STREET ADDRESS | | | | | 2.3 | | | 2.3 STREET ADDRESS | | | | | | | | |
| CITY-ST-ZIP | SARASOTA FL | | | | | | | 2 4 CHY-ST-ZIP | | | | | | | | |
| TITLE | | | | | L. D£I | LETE | 31 T | TLE | | | | | L Ch | ange | Additio |)n |
| NAME | | | | | 32 N | | | AME | | | | | | | | |
| STREET ADDRESS | | | | | 3.3 ST | | | IREFT | address | 1 | | | | | | ļ |
| CITY-ST-ZIP | | | | | | | | | 1 - Z(P | | | | | | T7 | _ |
| TITLE | | | | ☐ DELETE 4.1 T | | | | | | | | ∐ Ci | ange | Addition | on | |
| NAME | | | | | | | 4.21 | | | | | | | | | |
| STREET ADDRESS | | | | | | | | | ADDRESS | | | | | | | |
| CITY-ST-ZIP TITLE | | | | | DEC | F 16 | 4.4 G 5.1 Ti | ITY-S | 1-ZIP | | | | Ci | anne | Additio | ,n |
| | | | | | | LEIL | | | | 1 | | | (1 | lange | L-3 About | " |
| NAME STREET ADDRESS | | | | | | | 5.2 N | | ADDRESS | | | | | | | |
| CITY-ST-ZIP | | | | | | | | IMEET ITY-S | | | | | | | | |
| TITLE | | | | | ☐ DEI | LETE | 6.1 T | | 1-4 IF | | | | ☐ Cr | nange | Additio | n n |
| NAME | | | | | | | 6.2 N | | | 1 | | | | J- | | |
| STREET ADDRESS | | | | | | | | | ADDRESS | 1 | | | | | | |
| CITY-ST-ZIP | | | | | 6.4 CI | | | | | | | | | | | |
| J111 V1 211 | <u></u> | | | | | | 0.40 | | | | | | | | | |

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 eath; that I am an officer or director of the corporation or the receiver or traspec empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 3 if changed, or on an attachment with an address.

041-271-7019