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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #1. Corporation Name

(9)

INDIANA PROPERTIES, INC.

FILED Apr 14 1998 8:00am Secretary of State



### DONALD R. SHERWOOD							
SARASOTA FL 3422 \$ARASOTA FL 34232 \$ARASOTA FL 342	Principal Place of Business Mailing Address					T ADDITIER DIED TOLEN TERMI ENDER BYRKED DIRF DIDIT DERFE DERFE BEDIT GEBET GEBET FEDET	
### Principal Place of Business 2a. Mailring Address 4. FEI Number Applied For Not Applicable Suite, Apt. #, etc. 29 Suite, Apt. #, etc. S	5420 BENT OAK DRIVE 5420 BENT OAK DRIVE			000			
Principal Place of Businoss 22. Milling Address 59-2694995 Not Applicable	1						
Suite, Apt. #, etc.	2. Principal Place of Business 2a. Mailing Address						
Suite, Apt. #, etc. 27 27 27 27 27 27 27 27	21		26	26			
City & State City & State City & Country Zip Country Zip Country Zip Country Zip Country Zip Country Zip City & State City & C	Suite, Apt.	#, etc.	Suito, Apt. #, etc.	Suite, Apt. #, etc.		¢0.75	
28 Zip Country Zip Country Shower and Address of Current Registered Agent Sheek Country Sheek Co				1 - 1		Fee Required	
Zip County Zip County Zip County B 28 30 Rinks corporation owes or has paid the current year intangible Personal Property Tax Gue June 30 Mayes No 8. Harme and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name			} − − '	<u> </u>		· · · · · · · · · · · · · · · · · · ·	
9. Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent 91. Name and Address of New Registered Agent 92. Street Address (P.O. Box Number is Not Acceptable) 93. Street Address (P.O. Box Number is Not Acceptable) 94. City 95. Street Address (P.O. Box Number is Not Acceptable) 96. Street Address (P.O. Box Number is Not Acceptable) 97. Street Address (P.O. Box Number is Not Acceptable) 98. Street Address (P.O. Box Number is Not Acceptable) 98. Street Address (P.O. Box Number is Not Acceptable) 98. Street Address (P.O. Box Number is Not Acceptable) 99. Street Address (P.O. Box Number is Not Acceptable) 90. Street Address (P.O. Box Number is Not Acceptable) 90. Street Address (P.O. Box Number is Not Acceptable) 91. Name 92. Street Address (P.O. Box Number is Not Acceptable) 91. Name 92. Street Address (P.O. Box Number is Not Acceptable) 91. Name 92. Street Address (P.O. Box Number is Not Acceptable) 92. Street Address (P.O. Box Number is Not Acceptable) 93. Street Address (P.O. Box Number is Not Acceptable) 94. City 95. Street Address (P.O. Box Number is Not Acceptable) 95. Street Address (P.O. Box Number is Not Acceptable) 96. Street Address (P.O. Box Number is Not Acceptable) 97. City Code 97. Street Address (P.O. Box Number is Not Acceptable) 97. Street Address (P.O. Box Number is Not Acceptable) 97. Street Address (P.O. Box Number is Not Acceptable) 97. Street Address (P.O. Box Number is Not Acceptable) 97. Street Address (P.O. Box Number is Not Acceptable) 97. Street Address (P.O. Box Number is Not Acceptable) 97. Street Address (P.O. Box Number is Not Acceptable) 97. Street Address (P.O. Box Number is Not Acceptable) 97. Street Address (P.O. Box Number is Not Acceptable) 97. Street Address (P.O. Box Number is Not Acceptable) 97. Street Address (P.O. Box Number is Not Acceptable) 97. Street Address (P.O. Box Number is Not Acceptable) 97. Street Address (P.O. Box Number is Not Acceptable)	Zin Country			• • • • • • • • • • • • • • • • • • •			
SHERWOOD, DONALD R. SHERWOOD, DONALD R. SAVEO BENT OAK DRIVE SARASOTA FL 34232 84 City FL 85 City FL 85 Zip Code 11. Pursuant to the provisions of Socilons 607.0502 and 607.1508, Florida Statutes. the above-hamed corporation submits this statement for the purpose of changing its registered office or registered agont, 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 agont of membrane in registered agont, or both, in the State of Florida Statutes. The above-hamed corporation's board of directors. I hereby accept the appointment as registered agont of membrane in registered agont or both, in the State of Florida Statutes. The above-hamed corporation's board of directors. I hereby accept the appointment as registered agont of membrane in registered agont and the purpose of changing its registered office of the corporation's board of directors. I hereby accept the appointment as registered agont of membrane in registered agont and the purpose of changing its registered office of the purpose of changing its registered agont of directors. I hereby accept the appointment as registered agont and the purpose of changing its registered agont agont of directors. I hereby accept the appointment as registered agont agont of directors. I hereby accept the appointment as registered agont and the purpose of changing its registered office of the purp		<u> </u>	├ ┐ '	$\overline{}$	na y		
SHERWOOD, DONALD R. 5420 BENT OAK ORIVE SARASOTA FL 34232 11. Pursuant to the provisions of Socilons 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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, and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE 12.	271			1301			
### Street Address (P.O. Box Number is Not Acceptable) ### City	SH				81 Name		
SARASOTA FL 34232 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 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 office or registered agent lamburs with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ITILE PDS OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ITILE PDS SHERWOOD, DONALD R. 12. NAME SHERWOOD, DONALD R. 13. SHERT ADDRESS CITY-ST-2P SARASOTA FL 14. City-ST-2P 17. ITILE 17. OELETE 18. TITLE 18. SHERWOOD, DONALD R. 22. NAME SHERWOOD, DONALD R. 22. NAME SHERWOOD, DONALD R. 23. SHERT ADDRESS CITY-ST-2P SARASOTA FL 10. DELETE 13. TITLE 10. Change Addition ANAE SIREET ADDRESS CITY-ST-2P 14. CITY-ST-2P 15. TITLE 16. Change Addition ANAE 16. Change Addition ANAE 17. SHERWOOD, DONALD R. 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition Change Addition ANAE SIREET ADDRESS CITY-ST-2P 18. TITLE 18. Change Addition ANAE 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition ANAE SHERWOOD, DONALD R. 22. NAME 33. SIREET ADDRESS CITY-ST-2P 18. TITLE 18. Change Addition ANAE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition ANAE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition ANAE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ADDITIONS/CHANGES					PO Chront Ar	ddisaa (D.O. Day Nymbor is Not Assaultable)	
State Part				Stree		duress (P.O. Box Number is Not Acceptable)	
11. Pursuant to the provisions of Socilons 607 0502 and 607 1508, Florida Statutes, the above-hamed 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, 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, Socilon 607.0505, Florida Statutes. SIGNATURE Signature, tyrea or prest name of repatered agent and the if applicable. (NOTE Regulated Agent signature required when renationg) DATE					83		
11. Pursuant to the provisions of Socilons 607 0502 and 607 1508, Florida Statutes, the above-hamed 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, 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, Socilon 607.0505, Florida Statutes. SIGNATURE Signature, tyrea or prest name of repatered agent and the if applicable. (NOTE Regulated Agent signature required when renationg) DATE				-	PA City	Int Zio Code	
SIGNATURE Signature, byte d or printed name of legislaterid agent and left if application (NOTE Regislatered Agent signature required when retratisting) DATE					1 '	►L i	
Signature, typed or preterin rams of large-stand agent and their displicable Change DATE	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.						
12. OFFICERS AND DIRECTORS TITLE PDS	SIGNATURE						
TITLE PDS DELETE 11 TITLE DELETE Addition Addition NAME SIREET ADDRESS SARASOTA FL DELETE STREET ADDRESS STINEST ADDRESS SARASOTA FL DELETE STREET ADDRESS STREET ADDRESS SARASOTA FL DELETE STREET ADDRESS STREET ADDRESS SARASOTA FL DELETE STREET ADDRESS STREET ADRESS STREET ADDRESS					Agent signature re		
NAME STREET ADDRESS CITY-ST-ZIP SARASOTA FL TITLE T OBLETE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE SARASOTA FL 12 NAME 22 NAME 22 NAME 33 STREET ADDRESS CITY-ST-ZIP TITLE SARASOTA FL 12 NAME 22 NAME 32 STREET ADDRESS CITY-ST-ZIP TITLE SARASOTA FL 12 NAME 32 NAME 32 NAME 33 STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS					<u> </u>		
STREET ADDRESS SARASOTA FL	1		□ ottit			L Charige L Aquillon	
CITY-ST-ZIP SARASOTA FL] 1			1			
TITLE T DELETE 2.1 TITLE Change Addition NAME SHERWOOD, DONALD R. 2.2 NAME 2.2 NAME <th>i i</th> <th></th> <th colspan="2">DAGOTA EL</th> <th></th> <th></th>	i i		DAGOTA EL				
NAME SHERWOOD, DONALD R. 22 NAME	—	T	DELETE			Change Addition	
STREET ADDRESS SARASOTA FL 23 STREET ADDRESS 2.4 CITY-ST-ZIP	NAME						
TITLE	STREET ADDRESS			2.3 STREET ADDRESS			
STREET ADDRESS 3.2 NAME 3.3 STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP Change Addition	CITY-ST-ZIP	OADAGGTA FI		2.4 01	Y-ST-ZIP		
3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 3.4 CITY-ST-ZIP 3.4 CITY-ST-ZIP Change Addition	TITLE			3.1 TITE	E	Change Addition	
STREET ADDRESS STRE	NAME	3.		3.2 NA)	AE		
TITLE DELETE 4.1 TITLE Change Addition NAME 4.2 NAME 4.3 STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP CTTY-ST-ZIP TITLE Change Addition NAME 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP 5.4 CITY-ST-ZIP 5.4 CITY-ST-ZIP	STREET ADORESS			3.3 STF	EET ADDRESS		
NAME \$TREET ADDRESS CITY-\$1-ZIP \$1.4 CITY-\$1-ZIP \$1.1 TILE \$1.1 TILE \$5.1 TITLE \$5.2 NAME \$52 NAME \$52 NAME \$51 REET ADDRESS CITY-\$1-ZIP \$5.3 STREET ADDRESS CITY-\$1-ZIP \$5.4 CITY-\$1-ZIP \$5.4 CITY-\$1-ZIP							
### ### ##############################	l '					☐ Change ☐ Addition	
CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.4 CITY-ST-ZIP 5.4 CITY-ST-ZIP 5.5 CITY-ST-ZIP 5	l '' [
TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.4 CITY-ST-ZIP <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>							
NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP			T perett				
STREET ADDRESS 53 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP			L DELETE		I .	☐ Change ☐ Addition	
CITY-ST-ZIP 5.4 CITY-ST-ZIP	l I				I .		
	l I						
THE E PERT BOTTLE I						Channe Addition	
NAME 62 NAME			C pereit			Change L. Addition	
STREET ADDRESS 63 STREET ADDRESS	l I						
CITY-SI-ZIP 64 CITY-SI-ZIP	l						

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 true that I am an officer or director of the corporation or the true that I am an officer or director of the corporation or the true that I am an officer or director of the corporation or the true that I am an officer or director of the corporation or that I am an officer or director of the corporation or the true that I am an officer or director of the corporation or the true that I am an officer or director of the corporation or the true that I am an officer or director of the corporation or the true that I am an officer or director of the corporation or the true that I am an officer or director of the corporation or the true that I am an officer or director of the corporation or the true that I am an officer or director of the corporation or the true that I am an officer or director of the corporation or the true that I am an officer or director of the corporation or the true that I am an officer or director of the corporation or the true that I am an officer or director of the corporation or the true that I am an officer or director of the corporation or the true that I am an officer or director of the corporation of the true that I am an officer or director of the corporation of the true that I am an officer or director of the corporation of the true that I am an officer or director of the corporation of the true that I am an officer or director of the corporation of the true that I am an officer or director of the corporation of the true that I am an officer or director of the corporation of the true that I am an officer or director of the corporation of the true that I am an officer or director of the co

SIGNATURE: