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FILED
May 20 1997 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
 1997



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

DOCUMENT # L91586 (2)
 1. Corporation Name
I.D.I. INC. OF NORTHWEST FLORIDA



Principal Place of Business
**124 B JOHN SIMS PKWY/ VALPARIAISO. FL
 P. O. BOX 750
 NICEVILLE FL 32578**

Mailing Address
**124 B JOHN SIMS PKWY/ VALPARIAISO. FL
 P. O. BOX 750
 NICEVILLE FL 32588-0750**

3. Date Incorporated or Qualified
08/07/1990

3a. Date of Last Report
09/17/1996

4. FEI Number
59-3063944

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

2. Principal Place of Business

21 **441 VALPARAISO PKWY**

22 Suite, Apt. #, etc.

23 City & State
VALPARAISO, FL

24 Zip
32580

25 Country
Okaloosa

26 **441 VALPARAISO PKWY**

27 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

**SUTTON, ROY L.
 124 B JOHN SIMS PKWY
 VALPARAISO FL 32580**

81 Name

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

83

84 City
VALPARAISO

85 Zip Code
FL 32580

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 607.0506, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when registering) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SUTTON, ROY L.	
STREET ADDRESS	124 B JOHN SIMS PKWY	
CITY-ST-ZIP	VALPARAISO FL	
TITLE		<input type="checkbox"/> DELETE
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 the name appears in Block 12 or Block 13 if changed, if on an attachment with an address.

SIGNATURE: *Roy L. Sutton* **Roy L. Sutton** **4/26/97** **678-9111**

CR2E034 (9/96)