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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## FILED Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90117 039 \*\*\*150.00

DOCUMENT # M68953 1. Corporation Name INDICO PROPERTIES, INC. Principal Place of Business Mailing Address P.O. BOX 397 P.O. BOX 397 WEST FARMS RD. WEST FARMS RD., DO NOT WRITE IN THIS SPACE INDIANTOWN FL 34956 INDIANTOWN FL 34956 3. Date Incorporated or Qualifed 02/19/1988 2. Principal Place of Business 2a. Mailing Address 4. FEI.Number Applied For 21 26 65-0146969 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certifcate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes the current year Intangible 25 24 29 30 □No Personal Property Tax. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name POST, ROBERT JR. 82 Street Address (P.O. Box Number is Not Acceptable) 15925 SW WARFIELD BLVD. INDIANTOWN FL 34956 83 84 City 85 Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ DELETE TITLE 1.1 TITLE Change Addition NAME PASCUCCI, LOUIS 1.2 NAME STREET ADDRESS P.O. BOX 7111 N/A 13 STREET ADDRESS STUART FL CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE 21 TITLE ☐ Addition ☐ Change POST, ROBERT M. JR. NAME 2.2 NAME STREET ADDRESS 15925 SW WARFIELD BLVD. 2.3 STREET ADDRESS CITY-ST-ZIP INDIANTOWN, FL 2.4 CITY-ST-ZIP ☐ DELETE TITLE VPD 3.1 TITLE ☐ Change ☐ Addition LESLIE. JEFF 3.2 NAME STREET ADDRESS 16001 MARKET ST 3.3 STREET ADDRESS INDIANTOWN FL CITY-ST-ZIP 3.4. CITY-ST-ZIP □ DELETE TITLE 4.1 TITLE ☐ Change ☐ Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS C/TY-ST-ZIP 4.4 CITY-ST-ZIP TITLE ☐ DELETE 5.1 TITLE ☐ Addition 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE TITLE ☐ Change Addition NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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 an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNING OFFICER OF DIRECTOR

1/15/99

521-597-210Y

CR2E034 (11/98)