FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 FEB 28 PM 3:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M74748 **(8)**

1. Corporation Name
INDIGO INTERNATIONAL INC.

Principal Place of Business	Mailing Address
% PATRICIA LAGONI 149-C S. RIDGEWOOD AVE. / P.O. BOX 10809 DAYTONA BEACH FL 32120-809 US	% PATRICIA LAGONI 149-C S. RIDGEWOOD AVE. / P.O. BOX 10809 DAYTONA BEACH FL 32120-809 US

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) 32120-0809 / Country (25)	Zip (29) 32120-0809 / Country (30)

3. Date Incorporated or Qualified: 03/31/1988
3a. Date of Last Report: 03/01/1994
4. FEI Number: 59-1777233 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. **Name and Address of Current Registered Agent**

LAGONI, PATRICIA
149-C SOUTH RIDGEWOOD AVENUE
DAYTONA BEACH FL 32114

10. **Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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 _____ DATE
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	D	1.1 TITLE	D/P ☒ Change ☒ Addition
NAME	LAGONI, PATRICIA	1.2 NAME	
STREET ADDRESS	149-C S. RIDGEWOOD AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL	1.4 CITY-ST-ZIP	32114
TITLE		2.1 TITLE	D/V ☐ Change ☒ Addition
NAME		2.2 NAME	APGAR, ROBERT F.
STREET ADDRESS		2.3 STREET ADDRESS	501 N. McDonald Avenue
CITY-ST-ZIP		2.4 CITY-ST-ZIP	DeLand, Florida 32724
TITLE		3.1 TITLE	D/V ☐ Change ☒ Addition
NAME		3.2 NAME	MCMUNN, WILLIAM H.
STREET ADDRESS		3.3 STREET ADDRESS	3 So. Ravensfield Lane
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Ormond Beach, Florida 32174
TITLE		4.1 TITLE	S/T ☐ Change ☒ Addition
NAME		4.2 NAME	CRISP, LINDA
STREET ADDRESS		4.3 STREET ADDRESS	217 Seminole Drive
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Ormond Beach, Florida 32174
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Linda Crisp Linda Crisp 2/24/95 904-255-7558
SIGNATURE AND TYPED OR PRINTED NAME OF MGR OR OFFICER OR DIRECTOR — Date — Telephone Number

FP