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 27 PM 3:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M74751** **(2)**

1. Corporation Name
INDIGO DEVELOPMENT INC.

Principal Place of Business	Mailing Address
% PATRICIA LAGONI P.O. BOX 10809 DAYTONA BEACH FL 32120-0809	% PATRICIA LAGONI P.O. BOX 10809 DAYTONA BEACH FL 32120-0809

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/31/1988**
3a. Date of Last Report: **02/15/1994**

2. Principal Place of Business
21
22 Suite, Apt. #, etc.
23 City & State
24 Zip
25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

4. FEI Number: **59-2911284** ☐ 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

8. 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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent Signature required when revising) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VSD	11 TITLE	☐ Change XX Addition
NAME	LAGONI, PATRICIA	12 NAME	
STREET ADDRESS	149-C S. RIDGEWOOD AVE.	13 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL	14 CITY-ST-ZIP	32114
TITLE	DV	21 TITLE	☐ Change XX Addition
NAME	TEETERS, BRUCE W.	22 NAME	
STREET ADDRESS	149-C S. RIDGEWOOD AVE.	23 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL	24 CITY-ST-ZIP	32114
TITLE	DC	31 TITLE	☐ Change XX Addition
NAME	ALLEN, BOB D.	32 NAME	
STREET ADDRESS	149-C S. RIDGEWOOD AVE.	33 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL	34 CITY-ST-ZIP	32114
TITLE	AS	41 TITLE	☐ Change XX Addition
NAME	CRISP, LINDA.	42 NAME	
STREET ADDRESS	149-C S. RIDGEWOOD AVE.	43 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL	44 CITY-ST-ZIP	32114
TITLE	AS	51 TITLE	☐ Change XX Addition
NAME	DAUKSCH, SYLVIA.	52 NAME	
STREET ADDRESS	149-C S. RIDGEWOOD AVE.	53 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL	54 CITY-ST-ZIP	32114
TITLE	P	61 TITLE	☐ Change XX Addition
NAME	MCMUNN, WILLIAM H.	62 NAME	
STREET ADDRESS	149-C S. RIDGEWOOD AVE.	63 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BCH FL	64 CITY-ST-ZIP	32114

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 2/17/95 904-255-7558
(SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR) (Date) (Daytime Phone #)

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12. Continued

7.1	TITLE	V
7.2	NAME	APGAR, ROBERT F.
7.3	STREET ADDRESS	149-C S. RIDGEWOOD AVENUE
7.4	CITY-ST-ZIP	DAYTONA BEACH, FL 32114
8.1	TITLE	V
8.2	NAME	BENEDICT, JOSEPH III
8.3	STREET ADDRESS	149-C S. RIDGEWOOD AVENUE
8.4	CITY-ST-ZIP	DAYTONA BEACH FL 32114
9.1	TITLE	T
9.2	NAME	MOOTHART, GARY
9.3	STREET ADDRESS	149-C S RIDGEWOOD AVENUE
9.4	CITY-ST-ZIP	DAYTONA BEACH FL 32114