

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

FILED  
Mar 12 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	--

**DOCUMENT # M74751 (2)**  
 1. Corporation Name  
**INDIGO DEVELOPMENT INC.**



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

<b>2. Principal Place of Business</b> <b>21</b> State, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country		<b>2a. Mailing Address</b> <b>26</b> State, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country		<b>3. Date Incorporated or Qualified</b> <b>03/31/1988</b>	<b>3a. Date of Last Report</b> <b>04/17/1996</b>
<b>4. FEI Number</b> <b>59-2911284</b>		<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		<b>6. Election Campaign Financing</b> Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			

<b>9. Name and Address of Current Registered Agent</b> <b>LAGONI, PATRICIA</b> <b>149-C SOUTH RIDGEWOOD AVENUE</b> <b>DAYTONA BEACH FL 32114</b>		<b>10. Name and Address of New Registered Agent</b> <b>81</b> Name <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>83</b> <b>84</b> City <b>FL</b> <b>85</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VSD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAGONI, PATRICIA	1.2 NAME	
STREET ADDRESS	149-C S. RIDGEWOOD AVE.	1.3 STREET ADDRESS	
CITY-STATE-ZIP	DAYTONA BEACH FL	1.4 CITY-STATE-ZIP	
TITLE	DV	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TEETERS, BRUCE W.	2.2 NAME	
STREET ADDRESS	149-C S. RIDGEWOOD AVE.	2.3 STREET ADDRESS	
CITY-STATE-ZIP	DAYTONA BEACH FL	2.4 CITY-STATE-ZIP	
TITLE	DC	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN, BOB D.	3.2 NAME	
STREET ADDRESS	149-C S. RIDGEWOOD AVE.	3.3 STREET ADDRESS	
CITY-STATE-ZIP	DAYTONA BEACH FL	3.4 CITY-STATE-ZIP	
TITLE	AS	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRISP, LINDA.	4.2 NAME	
STREET ADDRESS	149-C S. RIDGEWOOD AVE.	4.3 STREET ADDRESS	
CITY-STATE-ZIP	DAYTONA BEACH FL	4.4 CITY-STATE-ZIP	
TITLE	AS	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAUKSCH, SYLVIA.	5.2 NAME	
STREET ADDRESS	149-C S. RIDGEWOOD AVE.	5.3 STREET ADDRESS	
CITY-STATE-ZIP	DAYTONA BEACH FL	5.4 CITY-STATE-ZIP	
TITLE	P	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCMUNN, WILLIAM H.	6.2 NAME	
STREET ADDRESS	149-C S. RIDGEWOOD AVE.	6.3 STREET ADDRESS	
CITY-STATE-ZIP	DAYTONA BCH FL	6.4 CITY-STATE-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 included 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, changed, or on an attachment with an address.

SIGNATURE: Linda Crisp Linda Crisp, Asst. Sec. 3-7-97 904-255-7558

CR2E034 (9/96)

## 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