

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAR -2 PM 3:00

DOCUMENT # N22691

(2)

1. Corporation Name

INDIOS, INC.

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

**16630 S.W. WARFIELD
P.O. BOX 901
INDIANTOWN FL 34956**

Mailing Address

**16630 S.W. WARFIELD
P.O. BOX 901
INDIANTOWN FL 34956**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/28/1987

3a. Date of Last Report
05/20/1994

4. FEI Number
59-2567261

Applied For
☐ Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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. Nonprofit with IRS 501(c)(3)
Tax Exempt Status ☒

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**POWERS, COLLETTE
MYRTLE DRIVE, P.O. BOX 8
INDIANTOWN FL 33456**

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	POWERS, COLETTE
STREET ADDRESS	P.O. BOX 8 N/A
CITY - ST - ZIP	INDIANTOWN FL
TITLE	STD
NAME	FARIAS, LEONEL
STREET ADDRESS	P O BOX 513 N/A
CITY - ST - ZIP	INDIANTOWN FL
TITLE	VD
NAME	SIEFKER, PAUL
STREET ADDRESS	P.O. BOX 294 N/A
CITY - ST - ZIP	INDIANTOWN FL
TITLE	D
NAME	O'LAUGHLIN, REV. FRANK
STREET ADDRESS	10935 S MILITARY TR
CITY - ST - ZIP	BOYNTON BEACH FL
TITLE	D
NAME	APPLETON, EDWARD
STREET ADDRESS	P.O. BOX 365 N/A
CITY - ST - ZIP	INDIANTOWN FL
TITLE	D
NAME	CASTRO, SOCCORRO
STREET ADDRESS	15151 SW CHICKEE ST
CITY - ST - ZIP	INDIANTOWN FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information included on this annual report or supplementary 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 registered trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if checked, or on an attachment, and on an addition.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAUL E. SIEFKER V.P.

2/7/95 407-597-2347