

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N44254** (3)

1. Corporation Name

INTERMEDICO, INC.

Principal Place of Business

**411 NORTH WEBSTER STREET
WILDWOOD FL 34785-4036**

Mailing Address

**411 NORTH WEBSTER STREET
WILDWOOD FL 34785-4036**



3. Date Incorporated or Qualified

07/03/1991

3a. Date of Last Report

04/26/1995

4. FEI Number

59-3078361

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**RANDALL N. THORNTON, ATTY. AT LAW
4 THUNDERBIRD PLAZA, HWY. 470
P.O. BOX 58
LAKE PANASOFFKEE FL 33538**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

(No change in registered agent)
Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/9/96

12. OFFICERS AND DIRECTORS

TITLE

PD

☐ DELETE

NAME

HOLSTEIN, ROBERT B.

STREET ADDRESS

411 N. WEBSTER ST

CITY - ST - ZIP

WILDWOOD FL

TITLE

STD

☐ DELETE

NAME

HUSTED, JAMES M.

STREET ADDRESS

695 SW 98TH LANE

CITY - ST - ZIP

OCALA FL

TITLE

VD

☐ DELETE

NAME

NALYWAJKO, GEORGE

STREET ADDRESS

3426 E. 8TH ST

CITY - ST - ZIP

ANDERSON IN

TITLE

D

☐ DELETE

NAME

WANNER, CHARLES G.

STREET ADDRESS

1486 KENNEBEC RD.

CITY - ST - ZIP

GRAND BLANC MI

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

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

**D
WANNER, Charles G.
102 E. Julie Ann Drive
Pendleton, IN 46064**

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 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

James M. Husted **James M. Husted**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/96

Date

(352) 694-0034

Daytime Phone #

CR2E037 (12/95)