

FILE NOW: FILING FEE IS \$61.25

FILED
May 09 1997 8:00am
Secretary of State

| | | |
|---|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | 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 04/17/1996 |
|--|--|

| | |
|---|---|
| 2. Principal Place of Business 21 695 S.W. 98TH LANE Suite, Apt. #, etc. | 2a. Mailing Address 26 P.O. BOX 6552 Suite, Apt. #, etc. |
| 22 City & State OCALA, FL | 27 City & State OCALA, FL |
| 23 Zip 34476 | 25 Country USA |
| 24 Zip 34478 | 30 Country USA |

| | |
|---|--|
| 4. FEI Number 59-3078361 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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 Randall N. Thornton, Atty. At Law | |
| 82 Street Address (P.O. Box Number is Not Acceptable) 2008 North C-470 | |
| 83 P.O. Box 58 | |
| 84 City Lake Panasoffkee | 85 Zip Code FL 33538 |

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | HOLSTEIN, ROBERT B. | |
| STREET ADDRESS | 411 N. WEBSTER ST | |
| CITY-ST-ZIP | WILDWOOD FL | |
| TITLE | STD | <input type="checkbox"/> DELETE |
| NAME | HUSTED, JAMES M. | |
| STREET ADDRESS | 695 SW 98TH LANE | |
| CITY-ST-ZIP | OCALA FL | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | NALYWAIKO, GEORGE | |
| STREET ADDRESS | 3426 E. 8TH ST | |
| CITY-ST-ZIP | ANDERSON IN | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | WANNER, CHARLES G. | |
| STREET ADDRESS | 102 E. JULIE ANN DRIVE | |
| CITY-ST-ZIP | PENDLETON IN | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|-----------------------------------|--|
| 1.1 TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | Holstein, Robert B. | |
| 1.3 STREET ADDRESS | 1944 CR 482 North | |
| 1.4 CITY-ST-ZIP | Lake Panasoffkee, FL 33538 | |
| 2.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY-ST-ZIP | | |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)