

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P19392 (0)
1. Corporation Name
INTERNATIONAL CREDENTIALING ASSOCIATES, INC.



Principal Place of Business
**150 SECOND AVE., NORTH, SUITE 1600
ST. PETERSBURG FL 33701**

Mailing Address
**150 SECOND AVE., NORTH, SUITE 1600
ST. PETERSBURG FL 33701**

3. Date Incorporated or Qualified
05/26/1988

3a. Date of Last Report
05/01/1995

2. Principal Place of Business
21 **ONE PROGRESS PLAZA**
Suite, Apt. #, etc.
22 **SUITE 810**
City & State
23 **ST. PETERSBURG FL**
Zip
24 **33701**

2a. Mailing Address
26 **ONE PROGRESS PLAZA**
Suite, Apt. #, etc.
27 **SUITE 810**
City & State
28 **ST. PETERSBURG FL**
Zip
29 **33701**

Country
25 **PINELLAS**
30 **PINELLAS**

4. FEI Number
52-1310458

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

**GARRETT, GARY L.
150 SECOND AVENUE NORTH, SUITE 1600
ST. PETERSBURG FL 33701**

10. Name and Address of New Registered Agent

81 Name
GARY L. GARRETT

82 Street Address (P.O. Box Number is Not Acceptable)
ONE PROGRESS PLAZA, SUITE 810

83

84 City
ST. PETERSBURG

85 Zip Code
FL 33701

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 *Gary L. Garrett* **GARY L. GARRETT** **4-27-96**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT/DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARRETT, GARY L.	1.2 NAME	GARY L. GARRETT
STREET ADDRESS	150 SECOND AVE N. S-1600	1.3 STREET ADDRESS	ONE PROGRESS PLAZA, SUITE 810
CITY-ST-ZIP	ST PETE FL	1.4 CITY-ST-ZIP	ST. PETERSBURG FL 33701
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	VICE PRESIDENT/DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARRETT, LUDMILA M.	2.2 NAME	LUDMILA M. GARRETT
STREET ADDRESS	150 SECOND AVE N. S-1600	2.3 STREET ADDRESS	ONE PROGRESS PLAZA, SUITE 810
CITY-ST-ZIP	ST PETE FL	2.4 CITY-ST-ZIP	ST. PETERSBURG FL 33701
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEIBERG, ERIC	3.2 NAME	ERIC HEIBERG
STREET ADDRESS	216 CHIPMUNK TRAIL	3.3 STREET ADDRESS	216 CHIPMUNK TRAIL
CITY-ST-ZIP	FRONT ROYAL VA	3.4 CITY-ST-ZIP	FRONT ROYAL VA 22630
TITLE	AS <input type="checkbox"/> DELETE	4.1 TITLE	SECRETARY/TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARRETT, LUDMILA M.	4.2 NAME	LUDMILA M. GARRETT
STREET ADDRESS	150 SECOND AVE N. S-1600	4.3 STREET ADDRESS	ONE PROGRESS PLAZA, SUITE 810
CITY-ST-ZIP	ST PETE FL	4.4 CITY-ST-ZIP	ST. PETERSBURG FL 33701
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Gary L. Garrett* **GARY L. GARRETT** **4-27-96** **(813) 821-8852**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (12/95)