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 # **P25700** **(6)**

1. Corporation Name

INDIANA DESK COMPANY INC

Principal Place of Business	Mailing Address
P.O. BOX 270 1224 MILL STREET JASPER IN 47546	P.O. BOX 270 1224 MILL STREET JASPER IN 47546

3. Date Incorporated or Qualified: **08/17/1989**

3a. Date of Last Report: **02/24/1995**

2. Principal Place of Business — 21:

Suite, Apt. #, etc. — 22:

City & State — 23:

Zip — 24: Country — 25:

2a. Mailing Address — 26:

Suite, Apt. #, etc. — 27:

City & State — 28:

Zip — 29: Country — 30:

4. FEI Number: **35-0408870** ☐ Applied For ☐ Not Applicable

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

HARPER TOM
WINSTON TOWERS 700,
SUITE #1209
MIAMI BEACH FL 33160

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 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 _____ 3/8/96

Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when name changed — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	AT	☐ DELETE	11 TITLE	Title Secretary	☒ Change ☐ Addition
NAME	HUBLER, ROBERT L		12 NAME		
STREET ADDRESS	4229 BADEN STRASSE		13 STREET ADDRESS		
CITY-ST-ZIP	JASPER IN		14 CITY-ST-ZIP		
TITLE	V	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	KREMPP, KENNETH		22 NAME		
STREET ADDRESS	1314 WILSON STREET		23 STREET ADDRESS		
CITY-ST-ZIP	JASPER IN		24 CITY-ST-ZIP		
TITLE	S	☒ DELETE	31 TITLE		☐ Change ☒ Addition
NAME	WEBB, JIM A.		32 NAME	John M Bieker Asst Treas	
STREET ADDRESS	3191 GRASSLAND HILLS RD		33 STREET ADDRESS	1578 Mushroom Lane	
CITY-ST-ZIP	JASPER IN		34 CITY-ST-ZIP	Jasper IN 47546	
TITLE	T	☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	VERKAMP, GILBERT		42 NAME		
STREET ADDRESS	1133 W. 14TH STREET		43 STREET ADDRESS		
CITY-ST-ZIP	JASPER IN		44 CITY-ST-ZIP		
TITLE	D	☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME	CHAPPELL, JOHN		52 NAME		
STREET ADDRESS	296 W 36TH STREET		53 STREET ADDRESS		
CITY-ST-ZIP	JASPER IN		54 CITY-ST-ZIP		
TITLE	D	☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME	SCHNEIDER, PHILLIP		62 NAME		
STREET ADDRESS	704 APPLEWOOD ROAD		63 STREET ADDRESS		
CITY-ST-ZIP	HUNTINGBURG IN		64 CITY-ST-ZIP		

CR2E034 (12/95)

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

SIGNATURE: _____ 812 482 5727

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #