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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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 47546-2852

3. Date Incorporated or Qualified: 08/17/1989
3a. Date of Last Report: 04/17/1996

2. Principal Place of Business (21) | 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)
City & State (23) | City & State (28)
Zip (24) Country (25) | 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: Tom Harper
82 Street Address (P.O. Box Number is Not Acceptable): 21150 Point Place Ste 2102
83
84 City: Aventura **FL** 85 Zip Code: 33180

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	S	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	HUBLER, ROBERT L		1.2 NAME		
STREET ADDRESS	4229 BADEN STRASSE		1.3 STREET ADDRESS	1869 Gregory Lane	
CITY-ST-ZIP	JASPER IN		1.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	KREMPP, KENNETH		2.2 NAME		
STREET ADDRESS	1314 WILSON STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	JASPER IN		2.4 CITY-ST-ZIP		
TITLE	AT	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	BIEKER, JOHN M		3.2 NAME		
STREET ADDRESS	1578 MUSHROOM LANE		3.3 STREET ADDRESS	10495 Maria CT.	
CITY-ST-ZIP	JASPER IN 47546		3.4 CITY-ST-ZIP	Celestine, IN 47521	
TITLE	T	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	VERKAMP, GILBERT		4.2 NAME		
STREET ADDRESS	1133 W. 14TH STREET		4.3 STREET ADDRESS		
CITY-ST-ZIP	JASPER IN		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	CHAPPELL, JOHN		5.2 NAME		
STREET ADDRESS	296 W 36TH STREET		5.3 STREET ADDRESS		
CITY-ST-ZIP	JASPER IN		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	SCHNEIDER, PHILLIP		6.2 NAME		
STREET ADDRESS	704 APPLEWOOD ROAD		6.3 STREET ADDRESS		
CITY-ST-ZIP	HUNTINGBURG IN		6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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

SIGNATURE: Robert L. Hubler 4/4/97 812 482 5727
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

SIGNATURE REQUIRED