

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

CORPORATION  
ANNUAL REPORT  
**1995**



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

APPROVED  
AND  
FILED

95 APR 26 PM 2:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P34058**

**(8)**

1. Corporation Name

**IDC-INC. OF KISSIMMEE**

Principal Place of Business

1. INDEPENDENT DEVELOPMENT COMPANY, INC.  
1515 MICHIGAN AVE  
KISSIMMEE FL 34744  
US

Mailing Address

1. INDEPENDENT DEVELOPMENT COMPANY, INC.  
1 CIVIC PLAZA, STE 100  
NEWPORT BCH CA 92660  
US

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified      3a. Date of Last Report  
05/25/1991      04/27/1994

4. FEI Number      4a. Applied For  
76-0124135      Not Applicable

5. Certificate of Status Desired      5a. \$5.75 Additional  
Fee Required

6. Election Campaign Financing      6a. \$5.00 May Be  
Trust Fund Contribution      Added to Fees

7. This corporation has liability for intangible tax under s. 169.032,  
Florida Statutes      7a. Yes      7b. No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILLIAMS, JIMMIE D.  
-501-E OAK STREET  
-SUITE E  
KISSIMMEE FL 34744

81 Name

82 Street Address (P.O. Box Number Is Not Acceptable)  
1515 Michigan Avenue

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when changing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUMPERT, STEVEN L	1.2 NAME	
STREET ADDRESS	1 CIVIC PLAZA, #100	1.3 STREET ADDRESS	
CITY - ST - ZIP	NEWPORT BCH, CA	1.4 CITY - ST - ZIP	
TITLE	EVS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUMPERT, RICHARD A.	2.2 NAME	
STREET ADDRESS	1 CIVIC PLAZA, #100	2.3 STREET ADDRESS	
CITY - ST - ZIP	NEWPORT BCH, CA	2.4 CITY - ST - ZIP	
TITLE	EV	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, JIMMIE D.	3.2 NAME	
STREET ADDRESS	1515 MICHIGAN AVE	3.3 STREET ADDRESS	
CITY - ST - ZIP	KISSIMMEE FL	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		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		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 110.07(9)(d), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an addendum.

SIGNATURE: *Richard A. Gumpert*

SIGNATURE AND TWEELED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard A. Gumpert, Executive Vice President

Date

Daytime Phone #