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Mar 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P34058

(8)

1. Corporation Name

IDC-INC. OF KISSIMMEE



Principal Place of Business

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

Mailing Address

1216 N. TUSTIN AVENUE
ORANGE CA 92667-5103
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

3. Date Incorporated or Qualified

05/25/1991

3a. Date of Last Report

03/26/1996

4. FEI Number

76-0124135

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

WILLIAMS, JIMMIE D.
1515 MICHIGAN AVENUE
KISSIMMEE FL 34744

10. Name and Address of New Registered Agent

81 Name

Jimmie D. Williams

82 Street Address (P.O. Box Number is Not Acceptable)

705 E. Oak Street, Suite E

83

84 City

Kissimmee,

FL

85 Zip Code

34744

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 of person filing this report is required when reinstating)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	GUMPERT, STEVEN L.	
STREET ADDRESS	1 CIVIC PLAZA, #100	
CITY-ST-ZIP	NEWPORT BCH. CA	
TITLE	EVS	<input type="checkbox"/> DELETE
NAME	GUMPERT, RICHARD A.	
STREET ADDRESS	1 CIVIC PLAZA, #100	
CITY-ST-ZIP	NEWPORT BCH. CA	
TITLE	EV	<input type="checkbox"/> DELETE
NAME	WILLIAMS, JIMMIE D.	
STREET ADDRESS	1515 MICHIGAN AVE	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	GUMPERT, STEVEN L.	
1.3 STREET ADDRESS	1216 NORTH TUSTIN AVENUE	
1.4 CITY-ST-ZIP	ORANGE, CA. 92867	
2.1 TITLE	EXECUTIVE VICE PRESIDENT / SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	GUMPERT, RICHARD A.	
2.3 STREET ADDRESS	1216 NORTH TUSTIN AVENUE	
2.4 CITY-ST-ZIP	ORANGE, CA. 92867	
3.1 TITLE	EXECUTIVE VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	WILLIAMS, JIMMIE D.	
3.3 STREET ADDRESS	705 E. OAK STREET, SUITE E	
3.4 CITY-ST-ZIP	KISSIMMEE, FL. 34744	
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Richard A. Gumpert
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-17-97

714-288-6840

Date

Daytime Phone

CR2E034 (9/96)