

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000033906 (7)

1. Corporation Name

Independent Choice Management, Inc

Principal Place of Business

Mailing Address

220 SE Eglin Parkway
Suite 1-A
Ft Walton Beach, FL 32648

P.O.Box 12
Mary Esther, FL
32569

3. Date Incorporated or Qualified
05/06/93

3a. Date of Last Report
4/25/95

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number
59-3183176

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

10. Name and Address of New Registered Agent

Keeler, Margo Kelley
573 E Timberlake Dr
Mary Esther, FL 32569

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 607.0506, Florida Statutes.

SIGNATURE

Margo Kelley Keeler, President

4/28/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P/D
NAME Margo Kelley Keeler
STREET ADDRESS 573 E Timberlake Dr
CITY-ST-ZIP Mary Esther, FL 32569

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE T/D
NAME Joseph E Keeler
STREET ADDRESS 573 E Timberlake Dr
CITY-ST-ZIP Mary Esther, FL 32569

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE VP/D
4.2 NAME Brenda D Boyle
4.3 STREET ADDRESS 1018 Countryside Ct
4.4 CITY-ST-ZIP Ft Walton Beach, FL 32547

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE S/D
5.2 NAME Robert F Boyle
5.3 STREET ADDRESS 1018 Countryside Ct
5.4 CITY-ST-ZIP Ft Walton Beach, FL 32547

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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

Margo Kelley Keeler

Margo K Keeler

4/25/96

904-664-6456

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone

CR2E034 (12/95)