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FILED
May 13 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 # P93000033906 (7)

1. Corporation Name

INDEPENDENT CHOICE MANAGEMENT, INC.



Principal Place of Business

220 S E EGLIN PARKWAY
STE 1-A
FORT WALTON FL 32648
US

Mailing Address

PO BOX 12
MARY ESTER FL 32569-0012
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

KEELER, MARGO KELLEY
573 E TIMBERLAKE DR.
MARY ESTHER FL 32569

3. Date Incorporated or Qualified

05/06/1993

3a. Date of Last Report

05/01/1996

4. FEI Number

59-3183176

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032
Florida Statutes

☐

Yes

☐

No

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME KEELER, MARGO K
STREET ADDRESS 573 E TIMBERLAKE DR.
CITY-ST-ZIP MARY ESTHER FL 32569

TITLE TD ☐ DELETE

NAME KEELER, JOSEPH E
STREET ADDRESS 573 E TIMBERLAKE DR.
CITY-ST-ZIP MARY ESTHER FL 32569

TITLE VPD ☐ DELETE

NAME BOYLE, BRENDA D
STREET ADDRESS 1018 COUNTRYSIDE CT.
CITY-ST-ZIP FT. WALTON BCH. FL 32547

TITLE SD ☐ DELETE

NAME BOYLE, ROBERT F
STREET ADDRESS 1018 COUNTRYSIDE CT.
CITY-ST-ZIP FT. WALTON BCH FL 32547

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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

Margo Kelley, VP

11/28/97 (994) 10104-64510

CR2E034 (9/96)