

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Shandra B. Mortlam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000002813 (1)**

1. Corporation Name
IDMON, INC.



Principal Place of Business
**4090 EAST HIGHWAY 60
MULBERRY FL 33860**

Mailing Address
**P.O. BOX 766
MULBERRY FL 33860**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 Country

9. Name and Address of Current Registered Agent

**ANDERSON, IDMON JR
4090 EAST HIGHWAY 60
MULBERRY FL 33860**

3. Date Incorporated or Qualified
01/03/1994

3a. Date of Last Report
05/01/1995

4. FEE Number
59-3223078

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

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 607.1503, 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 607.0503, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

P
ANDERSON, IDMON JR
4090 EAST HIGHWAY 60
MULBERRY FL 33860

V
EVERS, BENJAMIN J
1020 CAROLING AVE.
MULBERRY FL 33860

S
STEPHENS, NANCY L
363 MARKET SWUARE
LAKELAND FL 33813

T
KRAGH, DANIEL R
2505 RIDGE TOP WAY
VALRICO FL 33594

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SIGNATURE: *Idmon Anderson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[] Change [] Addition

14 NAME
15 STREET ADDRESS
16 CITY, ST, ZIP
17 CITY, ST, ZIP
18 CITY, ST, ZIP

19 NAME
20 STREET ADDRESS
21 CITY, ST, ZIP
22 CITY, ST, ZIP

23 NAME
24 STREET ADDRESS
25 CITY, ST, ZIP
26 CITY, ST, ZIP

27 NAME
28 STREET ADDRESS
29 CITY, ST, ZIP
30 CITY, ST, ZIP

31 NAME
32 STREET ADDRESS
33 CITY, ST, ZIP
34 CITY, ST, ZIP

35 NAME
36 STREET ADDRESS
37 CITY, ST, ZIP
38 CITY, ST, ZIP

39 NAME
40 STREET ADDRESS
41 CITY, ST, ZIP
42 CITY, ST, ZIP

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