

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 JUL 19 AM 9:30

DOCUMENT # P94000085417

1 Corporation Name

ICC, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/23/94
3a. Date of Last Report N/A

2. Principal Place of Business 21 3255 Medulla Rd./#101
2a. Mailing Address 26 3255 Medulla Rd./#101

4. FEI Number 59-3280024
Applied For Not Applicable

22 Suite Apt #, etc
27 Suite Apt #, etc

5. Certificate of Status Desired \$8.75 Additional Fee Required

23 Lakeland, FL
28 Lakeland, FL 33811

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

24 Zip Country
25 Zip Country

8. This corporation has liability for intangible tax under S 199.032 Florida Statutes Yes No

9. Name and Address of Current Registered Agent
MICHAEL HOPTON
3705 Century Blvd.
Lakeland, FL 33811

10. Name and Address of New Registered Agent
81 Name JAMES H. SHIRKEY
82 Street Address (P.O. Box Number is Not Acceptable) 3255 Medulla Rd./#101
83
84 City Lakeland FL 85 Zip Code 33811

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

James H. Shirkey
Signature typed or printed name of registered agent and title of office, date

(941) Registered Agent signature required when renewing

7/17/95

(941)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P/D; S; T
NAME MICHAEL HOPTON
STREET ADDRESS 3705 Century Blvd.
CITY ST ZIP Lakeland, FL 33811

1.1 TITLE P/D; S; T Change Addition
1.2 NAME JAMES H. SHIRKEY
1.3 STREET ADDRESS 3255 Medulla Rd./#101
1.4 CITY ST ZIP Lakeland, FL 33811

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

2.1 TITLE Change Addition
2.2 NAME 400001545234
2.3 STREET ADDRESS -07/25/95--01060--014
2.4 CITY ST ZIP ****233.75 ****233.75

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY ST ZIP

7/19/95 MHT

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)(b), 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 as an attachment with an address.

SIGNATURE:

James H. Shirkey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/17/95

(941) 644-8481

Date

State Phone #