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FILED

Apr 17 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 # P95000027303 (3)

1. Corporation Name

ICC CAPITAL MANAGEMENT, INC.



Principal Place of Business

255 S ORANGE AVE  
SUITE 805  
ORLANDO FL 32801-3454

Mailing Address

255 S ORANGE AVE  
SUITE 905  
ORLANDO FL 32801-3454

2. Principal Place of Business

21 255 S. ORANGE AVE

Suite, Apt. #, etc.

22 SUITE 1201

City & State

23 ORLANDO, FL

Zip Country  
24 32801-3454 25 USA

2a. Mailing Address

26 255 S. ORANGE AVE

Suite, Apt. #, etc.

27 SUITE 1201

City & State

28 ORLANDO, FL

Zip Country  
29 32801-3454 30 USA

3. Date Incorporated or Qualified

04/03/1995

3a. Date of Last Report

05/01/1996

4. FEI Number

59-3310114

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

MCMURRY, GRANT I  
255 S ORANGE AVE  
SUITE 905  
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name

MCMURRY, GRANT I.

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

255 S. ORANGE AVE, SUITE 1201

83

84 City

ORLANDO

FL

85 Zip Code  
32801

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

GRANT I. MCMURRY, CEO

4/14/97

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME MCMURRY, GRANT I  
STREET ADDRESS 255 S ORANGE AVE, SUITE 905  
CITY-ST-ZIP ORLANDO FL 32801-3454

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 P/M ☒ Change ☐ Addition  
1.2 NAME MCMURRY, GRANT I.  
1.3 STREET ADDRESS 255 S. ORANGE AVE, SUITE 1201  
1.4 CITY-ST-ZIP ORLANDO, FL 32801-3454

2.1 TITLE M/S ☐ Change ☒ Addition  
2.2 NAME RUNDELL, RICHARD G.  
2.3 STREET ADDRESS 255 S. ORANGE AVE, SUITE 1201  
2.4 CITY-ST-ZIP ORLANDO, FL 32801

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: GRANT I. MCMURRY, CEO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)