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F&L JACKSONVILLE- Department of State: # 1/2

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((H97000010782-5))

TO: DIVISION OF CORPORATIONS

FAX #: (850)922-4000

FROM: FOLEY & LARDNER

ACCT#: 072720000061

CONTACT: ~~KAREN~~ PETERSON *Sonya Sowards*

PHONE: (904)359-2000

FAX #: (904)359-8700

NAME: IMC ASSOCIATES, INC.

AUDIT NUMBER.....H97000010782

DOC TYPE.....REGISTERED AGENT CHANGE

CERT. OF STATUS..0

PAGES..... 1

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**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT  
OR BOTH FOR CORPORATIONS**

*Pursuant to the provisions of Sections 607.0502, 617.0502, 607.1508 or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.*

- 1a. The name of the corporation is: IMC Associates, Inc.
- 1b. The mailing address of the corporation is: 5910 East Fowler Avenue, Tampa, FL 33617-2362.
- 1c. Date of Incorporation: 6/5/85 Document number: P95000043451
2. The name and address of the current registered agent and office is:  
F&L Corp., 200 Laura Street, Jacksonville, Florida 32202
3. The name and address of the new registered agent and office is: CT Corporation System, 1200 South Pine Island Road, Plantation, Florida 33324.

The street address of its registered office and the street address of the business office, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

Date: May 30, 1987

SIGNATURE: 

(Officer, Chairman or Vice Chairman of the Board)

Laurie S. Wockenfuss, Vice President/Secretary  
(Typed or printed name and title)

*Having been named as registered agent and to accept service of process for the above-stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.*

Date: May 30, 1997

SIGNATURE: 

(Registered Agent)

BARBARA A. BOYCE  
SPECIAL ASSISTANT SECRETARY

(Typed or printed name and title)

Prepared by:  
Charles V. Hedrick, Esquire  
Fl. Bar No. 0284130  
200 Laura Street, Post Office Box 240  
Jacksonville, Florida 32201-0240

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