

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # V74182 (9)

1. Corporation Name

INDEPENDENCE INDUSTRIES, INC.

Principal Place of Business

Mailing Address

20493 MIDWAY BLVD  
PORT CHARLOTTE FL 33952  
US

P. O. BOX 368  
MURDOCK FL 33938  
US



3. Date Incorporated or Qualified  
10/26/1992

3a. Date of Last Report  
06/20/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc. 26 PO Box 380368

22 City & State

27 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

Country

29 Zip

30 Country

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

10. Name and Address of New Registered Agent

FLECKEN, WILLIAM J  
20493 MIDWAY BLVD  
PORT CHARLOTTE FL 33952

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)

(If "C": Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME FLECKEN, WILLIAM J  
STREET ADDRESS 20493 MIDWAY BLVD  
CITY - ST - ZIP PORT CHARLOTTE FL ☐ DELETE

TITLE P  
NAME METZ, TARA J.  
STREET ADDRESS 8407 CERRO CIRCLE - 212  
CITY - ST - ZIP TAMPA FL ☐ DELETE

TITLE S  
NAME FLECKEN, KATHLEEN M.  
STREET ADDRESS 20493 MIDWAY BLVD  
CITY - ST - ZIP PORT CHARLOTTE FL ☐ DELETE

TITLE T  
NAME METZ, DARREN J.  
STREET ADDRESS 2000 SW 16ST APT 1  
CITY - ST - ZIP GAINESVILLE FL ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP ☐ Change ☐ Addition

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP ☐ Change ☐ Addition

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP ☐ Change ☐ Addition

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP ☐ Change ☐ Addition

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP ☐ Change ☐ Addition

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

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)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

26 June 96

941-625-2917

Date

Daytime Phone

CR2E034 (3/96)