

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

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**Mar 10 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 # F29494 (4)**  
1. Corporation Name  
**IBG PROPERTIES, INC.**



Principal Place of Business Mailing Address  
**P.O. BOX 459  
ATT: KATHY MCDANIEL  
LABELLE FL 33935**

3. Date Incorporated or Qualified **04/14/1981** 3a. Date of Last Report **02/11/1996**

21. Principal Place of Business Suito, Apt. #, etc.	22. Mailing Address Suito, Apt. #, etc.	4. FEI Number <b>59-2086555</b>	Applied For <input type="checkbox"/> Not Applicable
23. City & State	27. <b>Attn: Kathy McDaniel</b>	5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
24. Zip Country	28. <b>Winter Haven Fl</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
25. Zip Country	29. <b>33880</b>	30. Country <b>USA</b>	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**BERRY, JACK M JR  
HWY 80 W  
LABELLE FL 33935**

81. Name	82. Street Address (P.O. Box Number is Not Acceptable)	83.	84. City	85. Zip Code
			<b>FL</b>	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>ST</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MCDANIEL, KATHY</b>		1.2 NAME	
STREET ADDRESS <b>270 LIVE OAK LANE</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>LABELLE FL</b>		1.4 CITY-ST-ZIP	
TITLE <b>VD</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BERRY, JACK M JR</b>		2.2 NAME	
STREET ADDRESS <b>1945 8TH TERRACE SE</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>WINTER HAVEN, FL 00000</b>		2.4 CITY-ST-ZIP	
TITLE <b>V</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>CALDWELL, ERNIE</b>		3.2 NAME	
STREET ADDRESS <b>HIGHWAY 80, WEST</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>LABELLE FL 33935</b>		3.4 CITY-ST-ZIP	
TITLE <b>PD</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>HEATH, WARREN K</b>		4.2 NAME	
STREET ADDRESS <b>HWY. 80 WEST</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP <b>LABELLE FL 33935</b>		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: **Kathy H. McDaniel** 1/3/97 941/324-4988  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)