

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**FILED**  
**Apr 12 1996 8:00 am**  
**Secretary of State**

**DOCUMENT # S90029 (7)**  
1. Corporation Name: **INDEMNITY CONCEPTS, INC.**



Principal Place of Business: **2136 NW 3RD AVE Ocala FL 34470 US**  
Mailing Address: **2136 NW 3RD AVE Ocala FL 34470 US**

2. Principal Place of Business: **21** State: **FL** City & State: **OCALA FL** Zip: **34478**  
2a. Mailing Address: **26** PO Box **4771** State: **FL** City & State: **OCALA FL** Zip: **34478**

3. Date incorporated or Qualified: **10/28/1991**  
3a. Date of Last Report: **04/11/1995**  
4. FLE Number: **59-3100358**  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 193.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent: **TAYLOR, JOSEPH S. 2136 NW 3RD AVE Ocala FL 34470**

10. Name and Address of New Registered Agent: **81** Name: **82** Street Address (P.O. Box Number is Not Acceptable): **83** City: **84** **FL** **85** Zip Code:

11. Pursuant to the provisions of Sections 607.0602 and 607.1506, 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 607.0605, Florida Statutes.

SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_ Title: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1996	
TITLE: <b>P</b>	<input type="checkbox"/> DELETE	1. TITLE:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>TAYLOR, N. S.</b>		12. NAME:	
STREET ADDRESS: <b>2136 NW 3 AVE</b>		13. STREET ADDRESS:	<b>PO BOX 4771</b>
CITY-STATE-ZIP: <b>OCALA FL</b>		14. CITY-STATE-ZIP:	<b>OCALA, FL 34478-4771</b>
TITLE: <b>VP</b>	<input type="checkbox"/> DELETE	2. TITLE:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>TAYLOR, N S</b>		22. NAME:	
STREET ADDRESS: <b>2136 NW 3 AVE</b>		23. STREET ADDRESS:	<b>PO BOX 4771</b>
CITY-STATE-ZIP: <b>OCALA FL</b>		24. CITY-STATE-ZIP:	<b>OCALA, FL 34478-4771</b>
TITLE: <b>ST</b>	<input type="checkbox"/> DELETE	3. TITLE:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>TAYLOR, N S</b>		32. NAME:	
STREET ADDRESS: <b>2136 NW 3 AVE</b>		33. STREET ADDRESS:	<b>PO BOX 4771</b>
CITY-STATE-ZIP: <b>OCALA FL</b>		34. CITY-STATE-ZIP:	<b>OCALA, FL 34478-4771</b>
TITLE: _____	<input type="checkbox"/> DELETE	4. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____		42. NAME:	
STREET ADDRESS: _____		43. STREET ADDRESS:	
CITY-STATE-ZIP: _____		44. CITY-STATE-ZIP:	
TITLE: _____	<input type="checkbox"/> DELETE	5. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____		52. NAME:	
STREET ADDRESS: _____		53. STREET ADDRESS:	
CITY-STATE-ZIP: _____		54. CITY-STATE-ZIP:	
TITLE: _____	<input type="checkbox"/> DELETE	6. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____		62. NAME:	
STREET ADDRESS: _____		63. STREET ADDRESS:	
CITY-STATE-ZIP: _____		64. CITY-STATE-ZIP:	

14. I do hereby certify that the information furnished in this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(g), Florida Statutes. I further certify that the information indicated in 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 trustee, officer or trustee empowered to execute this report or required by Chapter 607, Florida Statutes, and that my name appears in Book 12 of Books of Companies in an annual report with an address.

SIGNATURE: **N.S. TAYLOR** **2/21/96** **(904) 351-2510**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)