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May 20 1997 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # S90029

(7)

1. Corporation Name  
INDEMNITY CONCEPTS, INC.

Principal Place of Business:

2136 NW 3RD AVE  
OCALA FL 34470  
US

Mailing Address:

P.O. BOX 4771  
OCALA FL 34478-4771  
US

2. Principal Place of Business:

2a. Mailing Address:

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

g. Name and Address of Current Registered Agent

TAYLOR, JOSEPH S.  
2136 NW 3RD AVE  
OCALA FL 34470

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 607.02(2) and 607.03(1), Florida Statutes, the above name of 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 I accept the obligations of, Section 607.05(5), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS:

TITLE	P	TAYLOR, N. S.	MAILING	
NAME		P.O. BOX 4771		
STREET ADDRESS		OCALA FL		
CITY-STATE-ZIP		VP		
TITLE		TAYLOR, N S	MAILING	
NAME		P.O. BOX 4771		
STREET ADDRESS		OCALA FL		
CITY-STATE-ZIP		ST		
TITLE		TAYLOR, N S	MAILING	
NAME		P.O. BOX 4771		
STREET ADDRESS		OCALA FL		
CITY-STATE-ZIP				
TITLE				
NAME				
STREET ADDRESS				
CITY-STATE-ZIP				

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12:

11 TITLE	Change	Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-STATE-ZIP		
21 TITLE		
22 NAME		
23 STREET ADDRESS		
24 CITY-STATE-ZIP		
31 NAME		
32 STREET ADDRESS		
34 CITY-STATE-ZIP		
41 NAME		
42 STREET ADDRESS		
44 CITY-STATE-ZIP		
51 NAME		
52 STREET ADDRESS		
54 CITY-STATE-ZIP		
61 NAME		
62 STREET ADDRESS		
64 CITY-STATE-ZIP		

Handwritten notes: SAACK TAYLOR, NO ST. ADD, MAILING, NAME CHANGE ONLY, PO BOX 4771, Ocala FL 34478, SAACK TAYLOR, NO ST. ADD, MAILING, PO BOX 4771, Ocala FL 34478, SAACK TAYLOR, NO ST. ADD, MAILING, PO BOX 4771, Ocala FL 34478.

14. I, the undersigned, certify that the information appearing with this document is true and correct for the exception stated in Section 607.02(2)(f), Florida Statutes. I further certify that the information indicated on this document is true and correct, 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 22 or Block 23 of this document, or on an attachment with an address.

SIGNATURE

*[Handwritten Signature]*

1/8/97 (352) 351-2510

CR2E034 (9.96)

