

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

**FILED**  
**Apr 15, 1999 8:00 am**  
**Secretary of State**

04-15-1999 90146 040 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # S90029

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  
 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 21 **2330 SE 52 ST**  
 Suite, Apt. #, etc.  
 22  
 City & State  
 23 **OCALA FL**  
 Zip Country  
 24 **34480** 25 Country  
 29 30

3. Date Incorporated or Qualified  
**10/28/1991**

4. FEI Number  
**59-3100358** Applied For  
 Not Applicable

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 owes the current year Intangible Personal Property Tax.  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 **JOE TAYLOR**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**2330 SE 52 ST**  
 83  
 84 City **OCALA** FL 85 Zip Code **34480**

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]* **JOE TAYLOR** DATE: **4/9/99**

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>TAYLOR, N. S.</b>	
STREET ADDRESS	<b>P.O. BOX 4771</b>	
CITY-ST-ZIP	<b>OCALA FL</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>TAYLOR, N S</b>	
STREET ADDRESS	<b>P.O. BOX 4771</b>	
CITY-ST-ZIP	<b>OCALA FL</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> DELETE
NAME	<b>TAYLOR, N S</b>	
STREET ADDRESS	<b>P.O. BOX 4771</b>	
CITY-ST-ZIP	<b>OCALA FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>JAANK TAYLOR</b>	
1.3 STREET ADDRESS	<b>PO BX 4771</b>	
1.4 CITY-ST-ZIP	<b>OCALA FL 34478</b>	
2.1 TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>JAANK TAYLOR</b>	
2.3 STREET ADDRESS	<b>PO BOX 4771</b>	
2.4 CITY-ST-ZIP	<b>OCALA FL 34478</b>	
3.1 TITLE	<b>ST</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>JAANK TAYLOR</b>	
3.3 STREET ADDRESS	<b>PO BOX 4771</b>	
3.4 CITY-ST-ZIP	<b>OCALA FL 34478</b>	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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, with all other like empowered.

SIGNATURE: *[Signature]* **JOE TAYLOR** DATE: **4/9/99** DAYTIME PHONE #: **(352) 732-0070**

CR2E034 (1/98)