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**Apr 11 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 # **146152** (4)
1. Corporation Name
INDIAN RIVER EXCHANGE PACKERS, INC.



Principal Place of Business: **7355 S.W. 9TH STREET VERO BCH FL 32968**
Mailing Address: **7355 S.W. 9TH STREET VERO BCH FL 32968-9282**

3. Date Incorporated or Qualified: **03/11/1946** 3a. Date of Last Report: **03/01/1996**
4. FEI Number: **59-0555351** 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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21. Suite, Apt. #, etc.: 22. City & State: 23. Zip: 24. Country: 25. Country: 26. Mailing Address: 27. Suite, Apt. #, etc.: 28. City & State: 29. Zip: 30. Country:

9. Name and Address of Current Registered Agent
**HAMNER, GEORGE F JR
7355 S.W. 9TH STREET
VERO BEACH FL 32968**

10. Name and Address of New Registered Agent
81. Name: 82. Street Address (P.O. Box Number is Not Acceptable): 83. City: 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CSD <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMNER, G.F.	12 NAME	
STREET ADDRESS	650 SOUTH A1A	13 STREET ADDRESS	
CITY- ST- ZIP	VERO BEACH FL	14 CITY- ST- ZIP	
TITLE	PTD <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMNER, G.F. JR	22 NAME	
STREET ADDRESS	995 SANDFLY LN.	23 STREET ADDRESS	
CITY- ST- ZIP	VERO BEACH FL	24 CITY- ST- ZIP	
TITLE	VD <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEXTON, E G	32 NAME	
STREET ADDRESS	7 STARFISH DRIVE	33 STREET ADDRESS	
CITY- ST- ZIP	VERO BEACH FL	34 CITY- ST- ZIP	
TITLE	VD <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMNER, A.G.	42 NAME	
STREET ADDRESS	650 SOUTH A1A	43 STREET ADDRESS	
CITY- ST- ZIP	VERO BEACH FL	44 CITY- ST- ZIP	
TITLE	D <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GORDON, N H	52 NAME	
STREET ADDRESS	725 LIVE OAK LN	53 STREET ADDRESS	
CITY- ST- ZIP	VERO BCH FL	54 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY- ST- ZIP		64 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-4-97 (561) 562-2252

CR2E034 (9/96)