

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

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90046 003 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # 317816

1. Corporation Name
INDIAN RIVER SPREADER SERVICE, INC.

Principal Place of Business Mailing Address
6780 SAMBA STREET 6780 SAMBA STREET
FT. PIERCE FL 34945 FT. PIERCE FL 34945



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/14/1967

4. FEI Number Applied For
59-1168752 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

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

9. Name and Address of Current Registered Agent

CHAMBLEY, L L
6780 SAMBA STREET
FT. PIERCE FL 34945

10. Name and Address of New Registered Agent

81 Name
Chambley, L. L., Jr.

82 Street Address (P.O. Box Number is Not Acceptable)
2704 Placid Avenue

83

84 City **Fort Pierce** FL 85 Zip Code **34982**

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]* DATE **Jan. 24, 1999**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAMBLEY, L L	1.2 NAME	
STREET ADDRESS	6780 SAMBA STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	FORT PIERCE FL 34945	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	ST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAMBLEY, BETTY JEAN	2.2 NAME	
STREET ADDRESS	6780 SAMBA STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	FORT PIERCE FL 34945	2.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	3.1 TITLE	PV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAMBLEY L.L. JR	3.2 NAME	
STREET ADDRESS	2704 PLACID AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. PIERCE FL 34945	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		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 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]* DATE: **Jan. 24, 1999**

CR2E034 (1/198)