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FILED

Jan 20 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 132726

(1)

1. Corporation Name

INDIAN RIVER PACKING COMPANY

Principal Place of Business

N. U.S. 1 HWY  
P.O. BOX 846  
VERO BEACH FL 32961

Mailing Address

N. U.S. 1 HWY  
P.O. BOX 846  
VERO BEACH FL 32961

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/14/1936

4. FEI Number

59-0385920

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 or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BARNES, T M  
RT. 60  
P.O. BOX 846  
GIFFORD FL 32960

81 Name

THOMAS M. BARNES, JR.

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

4790 North Old Dixie Highway

83

P.O. BOX 846

84 City

VERO BEACH,

FL

85 Zip Code

32967

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

*Thomas M. Barnes Jr.*

THOMAS M. BARNES, JR.

1/8/98

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PT ☐ DELETE  
NAME BARNES, THOMAS M JR  
STREET ADDRESS 5100-20TH ST. P.O. BOX 846 NA  
CITY-ST-ZIP VERO BEACH FL 32961

TITLE DC ☐ DELETE  
NAME BARNES, T.M.  
STREET ADDRESS P.O. BOX 846 N/A  
CITY-ST-ZIP VERO BEACH FL

TITLE VD ☐ DELETE  
NAME BARNES, MARYSUE  
STREET ADDRESS 940 SW 14TH DRIVE  
CITY-ST-ZIP BOCA RATON FL

TITLE S ☐ DELETE  
NAME SPARKS, SALLY  
STREET ADDRESS 1862-4TH LN. P.O. BOX 1873 N/A  
CITY-ST-ZIP VERO BEACH FL 32961

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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.

SIGNATURE: *Thomas M. Barnes Jr.* M. Barnes Jr. 1/8/98 561-562-3535

CR2E034 (10/97)