

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Mar 06, 1999 8:00 am  
Secretary of State

03-06-1999 90065 003 \*\*\*150.00

DOCUMENT # 132726

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 the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.  
4790 N OLD DIXIE HWY

23 City & State  
Vero Beach, FL.

24 Zip Country  
32967 U.S.A.

2a. Mailing Address

26 Suite, Apt. #, etc.  
P.O. Box 846

28 City & State  
Vero Beach, FL.

29 Zip Country  
32961-0846 U.S.A.

9. Name and Address of Current Registered Agent

BARNES, JR T M  
4790 N OLD DIXIE HWY  
P O BOX 846  
VERO BEACH FL 32967

10. Name and Address of New Registered Agent

81 Name BARIVES JR T M

82 Street Address (P.O. Box Number is Not Acceptable)  
4790 N OLD DIXIE HWY

84 City Vero Beach

85 Zip Code  
FL 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PTD  
1.2 NAME BARNES, THOMAS M. JR.  
1.3 STREET ADDRESS 5100 20th Street  
1.4 CITY-ST-ZIP VERO BEACH FL 32966

2.1 TITLE DC  
2.2 NAME BARIVES, T M  
2.3 STREET ADDRESS 5100 20th Street  
2.4 CITY-ST-ZIP VERO BEACH FL 32966

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

4.1 TITLE S  
4.2 NAME SPARKS SALLY  
4.3 STREET ADDRESS 1866 4th LN  
4.4 CITY-ST-ZIP VERO BEACH FL 32962

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

6.1 TITLE  
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: Thomas M. Barnes, Jr. 2/8/99 561-562-3535

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)