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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 257057 (0)
1. Corporation Name

THE PACKERS OF INDIAN RIVER, INC.

Principal Place of Business Mailing Address
2202 12th Avenue 2202 12th Avenue
Vero Beach, FL 32960 Vero Beach, FL 32960

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3-19-1962
3a. Date of Last Report 3-8-1994
4. FEI Number 59-0953527 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 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 24 Country 25 29 Zip 30 Country

9. Name and Address of Current Registered Agent
ROGERS, JAMES L.
2202 12th Avenue
Vero Beach, FL 32960

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	STD
NAME	Rogers, Mary M.
STREET ADDRESS	200 Coconut Palm Road
CITY-ST-ZIP	Vero Beach, FL 32963
TITLE	PD
NAME	Rogers, James L., III
STREET ADDRESS	200 Coconut Palm Road
CITY-ST-ZIP	Vero Beach, FL 32963
TITLE	D
NAME	Johnson, Sue Rogers
STREET ADDRESS	7380 Wildercliff Drive
CITY-ST-ZIP	Atlanta, GA 30328
TITLE	D
NAME	Riney, J. Donald
STREET ADDRESS	93 Sea Marsh Road
CITY-ST-ZIP	Amelia Island, FL 32034
TITLE	VCFO
NAME	Rogers, R. Scott
STREET ADDRESS	200 Coconut Palm Road
CITY-ST-ZIP	Vero Beach, FL 32963
TITLE	VGM
NAME	Reynolds, Chris A.
STREET ADDRESS	5655 69th Street
CITY-ST-ZIP	Vero Beach, FL 32967

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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	

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****600.00 ****200.00

2-9-95 (107) 367-3671

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: R. Scott Rogers 2-9-95 (107) 367-3671
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR