

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 257057 (0)
 1. Corporation Name
THE PACKERS OF INDIAN RIVER, INC.



Principal Place of Business 2202 12TH AVE. VERO BCH. FL 32960-5311	Mailing Address 2202 12TH AVE. VERO BCH. FL 32960-5311
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3. Date Incorporated or Qualified 03/19/1962	3a. Date of Last Report 02/13/1995
4. FEI Number 59-0953527	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc	26. P.O. Box 12969
22. City & State	27. City & State
23. Zip	28. Ft. Pierce, FL
24. Country	29. 34979-2969
25. Country	30. U.S.A.

9. Name and Address of Current Registered Agent
ROGERS, JAMES L
~~**2202 12TH AVENUE**~~
VERO BEACH FL 32964

10. Name and Address of New Registered Agent

81. Name	82. Street Address (P.O. Box Number is Not Acceptable) 5700 W. MIDWAY ROAD
83. City	84. Ft. Pierce
85. State	FL
86. Zip Code	34981

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's signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	STD	<input type="checkbox"/> DELETE
NAME	ROGERS, MARY M.	
STREET ADDRESS	200 COCONUT PALM RD.	
CITY - ST - ZIP	VERO BCH. FL 32963	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	ROGERS, JAMES L. III	
STREET ADDRESS	200 COCONUT PALM RD.	
CITY - ST - ZIP	VERO BCH. FL 32963	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JOHNSON, SUE ROGERS	
STREET ADDRESS	7380 WILDERCLIFF DR.	
CITY - ST - ZIP	ATLANTA GA 30328	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	RINEY, J. DONALD	
STREET ADDRESS	93 SEA MARSH RD	
CITY - ST - ZIP	AMELIA ISLD. FL 32034	
TITLE	VCFO	<input checked="" type="checkbox"/> DELETE
NAME	ROGERS,	
STREET ADDRESS	200 COCONUT PALM RD	
CITY - ST - ZIP	VERO BEACH FL 32963	
TITLE	VGM	<input checked="" type="checkbox"/> DELETE
NAME	REYNOLDS, CHRIS A	
STREET ADDRESS	5855 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		

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 119.07(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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *James L. Rogers III* **6/13/96** **561-464-0575**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JAMES L. ROGERS, III

CR2E034 (3/96)