

**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

**DOCUMENT # 257057 (0)**

1. Corporation Name

**THE PACKERS OF INDIAN RIVER, INC.**

Principal Place of Business

Mailing Address

**2202 12TH AVE.  
VERO BCH. FL 32960-5311**

**2202 12TH AVE.  
VERO BCH. FL 32960-5311**



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

Country

28 **FL. Pierce, FL**

29 Zip

Country

24

25

29 **34779-2969**

30 **U.S.A.**

3. Date Incorporated or Qualified

**03/19/1962**

3a. Date of Last Report

**02/13/1995**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ROGERS, JAMES L  
2202 12TH AVENUE  
VERO BEACH FL 32964**

81 Name

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

**5700 W. Midway Road**

83

84 City

**FL. Pierce**

FL

85 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

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

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JAMES L. ROGERS, III**

**6/13/96**

**561-464-0575**

CR2E034 (3/96)