

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

**FILED**  
**Feb 24 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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: **2202 12TH AVE. VERO BCH. FL 32960-5311**  
 Mailing Address: **P.O. BOX 12969 FT. PIERCE FL 34979-2969 US**

3. Date Incorporated or Qualified: **03/19/1962**  
 3a. Date of Last Report: **06/18/1996**

2. Principal Place of Business (21) 2a. Mailing Address (26) 4. FEI Number: **59-0953527** Applied For:  Not Applicable:

22. Suite, Apt. #, etc. (22) 27. Suite, Apt. #, etc. (27) 5. Certificate of Status Desired:  \$8.75 Additional Fee Required

23. City & State (23) 28. City & State (28) 6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees

24. Zip (24) 25. Country (25) 29. Zip (29) 30. Country (30) 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent: **ROGERS, JAMES L 5700 W MIDWAY ROAD FT. PIERCE FL 34981**  
 10. Name and Address of New Registered Agent (81-84) Name, Street Address (P.O. Box Number is Not Acceptable), City, State (FL), Zip Code (85)

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 signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <b>STD</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>ROGERS, MARY M.</b>		1.2 NAME	
STREET ADDRESS: <b>200 COCONUT PALM RD.</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP: <b>VERO BCH. FL 32963</b>		1.4 CITY-ST-ZIP	
TITLE: <b>PD</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>ROGERS, JAMES L. III</b>		2.2 NAME	
STREET ADDRESS: <b>200 COCONUT PALM RD.</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP: <b>VERO BCH. FL 32963</b>		2.4 CITY-ST-ZIP	
TITLE: <b>D</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>JOHNSON, SUE ROGERS</b>		3.2 NAME	
STREET ADDRESS: <b>7380 WILDERCLIFF DR.</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP: <b>ATLANTA GA 30328</b>		3.4 CITY-ST-ZIP	
TITLE:	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		4.2 NAME	
STREET ADDRESS:		4.3 STREET ADDRESS	
CITY-ST-ZIP:		4.4 CITY-ST-ZIP	
TITLE:	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		5.2 NAME	
STREET ADDRESS:		5.3 STREET ADDRESS	
CITY-ST-ZIP:		5.4 CITY-ST-ZIP	
TITLE:	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		6.2 NAME	
STREET ADDRESS:		6.3 STREET ADDRESS	
CITY-ST-ZIP:		6.4 CITY-ST-ZIP	

14. I do 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, unchanged, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE: **2/17/97** 561 464-6575

CR2E034 (9/96)