

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 301561 (7)

1. Corporation Name
INDIAN RIVER FOODS, INC.



Principal Place of Business: P O BOX 13090 N/A, P.O. BOX 1749, FORT PIERCE FL 34979-3090 US
Mailing Address: PO BOX 13090 N/A, P.O. BOX 1749, FORT PIERCE FL 34979-3090 US

2. Principal Place of Business: 21 2627 S. JENKINS ROAD, Suite, Apt. #, etc., 22 FORT PIERCE, FL, Zip 34981, Country
2a. Mailing Address: 26 P.O. BOX 14079, Suite, Apt. #, etc., 27 FORT PIERCE, FL, Zip 34979, Country

3. Date Incorporated or Qualified: 02/03/1966
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-1104450
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: DEMPSEY, DANIEL E., 2627 S. JENKINS RD., FT. PIERCE FL 34981

10. Name and Address of New Registered Agent: 81 Name: DEMPSEY, DANIEL E., 82 Street Address (P.O. Box Number is Not Acceptable): 6910 33RD STREET, 83, 84 City: VERO BEACH, FL, 85 Zip Code: 32966

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: _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	BECKER, RICHARD E.	
STREET ADDRESS	381 INDIAN HARBOR RD.	
CITY - ST - ZIP	VERO BEACH FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	DEMPSEY, DANIEL E.	
STREET ADDRESS	6910 33RD STREET	
CITY - ST - ZIP	VERO BCH. FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	BECKER, RICHARD E.	
13 STREET ADDRESS	130 S. SHORE CIRCLE	
14 CITY - ST - ZIP	VERO BEACH, FL 32963	
21 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	DEMPSEY, DANIEL E.	
23 STREET ADDRESS	6910 33RD STREET	
24 CITY - ST - ZIP	VERO BEACH, FL 32966	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Daniel E. Dempsey*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DANIEL E. DEMPSEY

04/16/96 Date: 407-461-1180 Corporate Phone #

CR2E034 (12/95)