

FILED

Jul 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # 301561 (7)
Corporation Name
INDIAN RIVER FOODS, INC.

Principal Place of Business: 2627 S JENKINS RD, FT. PIERCE, FL 34981, US
Mailing Address: ~~D. O. DON 19888~~
~~FT. PIERCE, FL 34981~~
~~US~~



DO NOT WRITE IN THIS SPACE

Date Incorporated or Qualified: 02/03/1966
FEI Number: 59-1104450
Applied For: Not Applicable
Certificate of Status Desired: \$8.75 Additional Fee Required
Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

21 Principal Place of Business				26 Mailing Address				27 Suite, Apt. #, etc.									
22 Suite, Apt. #, etc.				27 Suite, Apt. #, etc.				28 City & State									
23 City & State				28 Ft. Pierce, FL				29 Zip									
24 Zip				25 Country				30 Country									
29 Name and Address of Current Registered Agent						81 Name											
DEMPSEY, DANIEL E 2827 S JENKINS ROAD FT PIERCE FL 34981						82 Street Address (P.O. Box Number is Not Acceptable)											
						83											
						84 City						85 Zip Code					
						FL											

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 _____

OFFICERS AND DIRECTORS							
TITLE	CD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	BECKER, RICHARD E		1.2 NAME				
STREET ADDRESS	130 S SHORE CIR		1.3 STREET ADDRESS				
CITY - ST - ZIP	VERO BEACH FL		1.4 CITY - ST - ZIP				
TITLE	PD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	DEMPSEY, DANIEL E.		2.2 NAME				
STREET ADDRESS	6910 33RD STREET		2.3 STREET ADDRESS				
CITY - ST - ZIP	VERO BCH. FL		2.4 CITY - ST - ZIP				
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY - ST - ZIP			3.4 CITY - ST - ZIP				
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" 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				

I 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 if changed, or on an attachment with an address.

CR2E034 (10/97)

10/7/11

D. O. E. Demmon

6/10/1998