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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

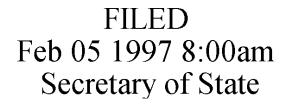
Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # 317816

(7)

INDIAN RIVER SPREADER SERVICE, INC.

INDINA IIITEII OI IIENDEII DEIITIOEI IITO								
Principal Place of Business	Mailing Address							
Fill Opart tage of Edwiness	maing Address							





B780 SAMBA S FT. PIERCE FL		6780 SAMBA STREET FT. PIERCE FL 34945-306	69							
					3. Date Incorporated or Qualified 06/14/1967	3a. Date of Last Report 02/23/1996				
	ace of Business	2a. Mailing Address				4. FEI Number	• • • • • • • • • • • • • • • • • • • •		Applied For	
21		26				59-1168752			Not Applicable	
Suite, Apt 22	Suite, Apt #, etc Suite, Apt, #, etc. 27					5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State 23	•	City & State				Election Campaign Financing Trust Fund Contribution	ing \$5.00 May Be Added to Fees			
Zір 24	Country 25	Ζφ 29	Country 30			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No				
	9. Name and Address of Curre	ent Registered Agent				10. Name and Address of New Re	istered A	gent		
	MBLEY,L L		3	81	Name					
6780 SAMBA STREET FT. PIERCE FL 34945				B2	Street Addre	dress (P.O. Box Number is Not Acceptable)				
			[8	ВЗ						
			1	64	City		FL	85 2	ip Code	
11. Pursuant to office or n	to the provisions of Sections 607 05 egistered agent, or both, in the Sta	502 and 607.1508, Florida Statute of Florida, Such change was	utes, the abo authorized	ove by	named corp the corporati	oration submits this statement for the p ion's board of directors. I hereby accep	urpose of t the appo	changin pintment	g its registered as registered	
SIGNATURE	THE COURSE WITH COLOR DISCOUNTERS OF THE COMM	gatano en ocolon ou locale, i	ionaa olala		•					
	Signature, typed or printee name of registered a			Ager	nt signature require	ed when reinstating)	DATE			
12.	OFFICERS A	ND DIRECTORS DELETE	13.	_		ADDITIONS/CHANGES TO OFFIC	ERS AND	☐ Chan		
TIFLE NAME	CHAMBLEY,L L	FT perrie	1.1 TITL 1.2 NAN					L. Onon	le 🗖 vodinon	
STREET ADDRESS	6780 SAMBA STREET		1		ADDRESS	•			'	
CITY-ST-ZIP	FORT PIERCE FL		1.4 CITY							
TITLE	D	DELETE	2.1 TITL					Chan	ge Addition	
NAME	CHAMBLEY, BETTY JEAN		2.2 NAN	WE						
STREET ADORESS	6780 SAMBA STREET		2.3 STR	REET	address				į	
CHY-ST-ZIP	FORT PIERCE FL STD		2. 4 CIT		T-ZIP			7 T ni		
TITLE	CHAMBLEY L.L. JR	DELETE	3.1 TITE		1			Chan	ge Addition	
NAME CANAGE AND DECKED	2704 PLACID AVENUE		3.2 NAM		ADDRESS					
STREET ADDRESS CITY - ST - ZIP	FT. PIERCE FL		3.4. CIX		ADDRESS					
TITLE		DELETE	4.1 TITL		7 411		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	☐ Chan	ge Addition	
NAME			4. 2 NA	ME]					
STREET ADDRESS			4.3 STR	REET A	address					
CITY - ST - ZIP		711 · 5 · 5 · 5 · 5 · 5 · 5 · 5 · 5 · 5 ·	4.4 CH	Y - ST	1- <i>2</i> (P			· · · · · · · · · · · · · · · · · · ·		
TITLE		DELETE	5.1 TiTL		-			Chan	ge 🔲 Addition	
NAME			5.2 NAM							
STREET ADDRESS					ADDRESS					
CITY - ST - ZIP		DELETE	5 4 CIT		T-ZIP			Chan	ge Addition	
TITLE		FT Dereit	6.1 TITU 6.2 NAM					L. Urjaki	ווייים אל דיי	
NAME STREET ADDRESS					ADORESS					
CITY-SI-ZIP			64 CIT							

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 if changed, or on an attachment with an address.

SIGNATURE

BOTH SCAN C PAN bly

SIGNATURE AND THE OF PRINTED NAME OF SIGNING OFFICER OF DIRECTION

M. 30, 1997-54. 444-1535