

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **340171** (8)

1. Corporation Name

BECKER INDIAN RIVER FRUIT CO INC



Principal Place of Business

Mailing Address

P O BOX 14079 N/A
P O BOX 1240
FT PIERCE FL 34979-4079
US

PO BOX 14079 N/A
P O BOX 1240
FT PIERCE FL 34979-4079
US

3. Date Incorporated or Qualified
01/15/1969

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 **2627 S. JENKINS ROAD**

26 **P.O. BOX 14079**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 **FORT PIERCE, FL**

28 **FORT PIERCE, FL**

24 Zip

Country

24 **34981**

25 **USA**

29 Zip

Country

29 **34979**

30 **USA**

4. FEI Number

59-1228782

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

**DEMPSEY, DANIEL E.
6910- 33RD STREET
VERO BEACH FL 32966**

81 Name

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

83

84 City

FL

85 Zip Code

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 or director

(Not to be signed by Agent or Director of the corporation)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12

TITLE	XXX	<input type="checkbox"/> DELETE
NAME	BECKER, RICHARD E	
STREET ADDRESS	361 INDIAN HARBOR RD	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	XXX	<input type="checkbox"/> DELETE
NAME	DEMPSEY, DANIEL E	
STREET ADDRESS	6910 33RD ST	
CITY-ST-ZIP	VERO BEACH 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		

1.1 TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BECKER, RICHARD E.	
1.3 STREET ADDRESS	130 S. SHORE CIRCLE	
1.4 CITY-ST-ZIP	VERO BEACH, FL 32963	
2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DEMPSEY, DANIEL E.	
2.3 STREET ADDRESS	6910 33RD STREET	
2.4 CITY-ST-ZIP	VERO BEACH, FL 32966	
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 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

407-461-1180
Date: Daytime Phone #

CR2E034 (12/95)