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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 340171

(8)

BECKER INDIAN RIVER FRUIT CO INC

	FIL	LED	
May 1	19 19	997	8:00am
Seci	retar	y of	State

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Demoirost Dem	e of Duning on	Mailing Address			(11)
Principal Piac 2627 S. JENKI	NS RD	Mailing Address PO 8X 14079			
P O BOX 1240	)	P O BOX 1240			
ft. Pierce fl us	. 34301	FT POERCE FL 34970-4079 US		Date Incorporated or Qualified     01/15/1969	3a. Date of Last Report 04/26/1996
2. Principal P	Place of Business	2a. Mailing Address	****	4. FEI Number	Applied For
	S. Jenkins Road		029	59-1228782	Not Applicable
Suite, Apt		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat		City & State		6. Election Campaign Financing	\$5.00 May Be
23 <b>FO1 t 1</b> Ζφ	Pierce, FL Country	Zip Fort Pierce,	FL Country	Trust Fund Contribution	Added to Fees
34581	25	1	100 COGINITY	This corporation has liability for in Florida Statutes	ntangible tax under s. 199.032, Yes  No
4 34501	9. Name and Address of Curr		<u> </u>	10. Name and Address of New Reg	
DFL	APSEY, DANIEL E.		81 Name	in Description	
	0- 33RD STREET		82 Street Add	iel E. Dempsey ress (P.O. Box Number is Not Acceptable	۵۱
	O BEACH FL 32966		262	7 S. Jenkins Road	<del>0</del> )
			83		7111
			84 City		les Zin Cado
			84 City For	t Pierce	FL 85 Zip Code 34981
11. Pursuant	to the provisions of Sections 607.0	502 and 607 1508, Florida Statutes	, the above-named cor	poration submits this statement for the po-	roose of changing its registered
office or r	registered agent, or both, in the Sta	ite of Florida. Such change was au	ithorized by the corpora	tion's board of directors. I hereby accep	t the appointment as registered
agent. La	ит ватиат мил, апо ассорстве об	ilgations of, Section 607.0505, Mor	IDA SIZIUIOS		
SIGNATURE	Signature hypocolopismod name of largestered	agent and life of applicable (NOTE:	Registered Agent signature regu	ired when reinstation)	DATE
12.		AND DIRECTORS	<b>1</b> 13.	ADDITIONS/CHANGES TO OFFICE	
1614 F	CD	☐ DELETE	1.1 TITLE		Change Additio
NAME	BECKER, RICHARD E		1.2 NAME		
STREET ADORESS	130 S. SHORE CIR		1.3 STREET ADDRESS		
City SI-20	VERO BEACH FL		1.4 CITY - ST - ZIP		
TITLE	PD	☐ DELETE	2.1 TITLE		Change Addition
NAME	DEMPSEY, DANIEL E		2.2 NAME		
STREET ADDRESS	6910 33RD ST		2.3 STREET ADDRESS		
City SE ZIE	VERO BEACH FL		2. 4 CITY-ST-ZIP		
initi		DELETE	3,1 TITLE		Change Addition
NAME	!		3.2 NAME		- · -
STREET ADDRESS			3.3 STREET ADDRESS		
ODA 24-565 Puret i veneros			34 CITY-ST-ZIP		
1471 00 x 21-46	· · · ·	□ DELETE	41 TITLE		Change Addition
NAME		Boord	4 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CHY-ST-ZŒ TOLE		DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		Change Additio
		C Ditti			E 21.3180 E 7100/10
NAME Careta Angologia			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
C TY-\$1-26P		DELETE	5.4 CITY-ST-ZIP		Change Addition
THILE		FT NEFEIG	6.1 TITLE		Change C Adams
NAM*			6.2 NAME		
STREET AUUP (5%)			6.3 STREET ADDRESS		
City - St - 70F			6.4 CiTY-ST-ZIP	dis Continue (40 07/2VI) Florido Cast dos	

1. 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 applicars in Block 12 or Block 13 if changed, or or an attachment with an address.

SIGNATURE:

mul C Sempley

Med Paniel E. Dempsey

3/27/97

(561)461-1180

Daytino Phone #