

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

**FILED**  
**Apr 25, 1999 8:00 am**  
**Secretary of State**

04-25-1999 90024 004 \*\*\*900.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 340171**

1. Corporation Name

**BECKER INDIAN RIVER FRUIT CO INC**

Principal Place of Business

2627 S. JENKINS RD  
FT. PIERCE FL 34981  
US

Mailing Address

2627 SOUTH JENKINS ROAD  
FT POERCE FL 34981  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**01/15/1969**

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc. **SUITE 201**  
22 **660 Beachland Boulevard**  
City & State

23 **VERO BEACH, FLORIDA**

Zip Country

24 **32963**

2a. Mailing Address

26 Suite, Apt. #, etc. **SUITE 201**  
27 **660 BEACHLAND BOULEVARD**  
City & State

28 **VERO BEACH, FLORIDA**

Zip Country

29 **32963**

30

9. Name and Address of Current Registered Agent

**DEMPSEY, DANIEL E.**  
**2627 S JENKINS ROAD**  
**FT PIERCE FL 34981**

10. Name and Address of New Registered Agent

81 Name **DANIEL E. DEMPSEY**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**660 BEACHLAND BLVD, SUITE 201**  
83  
84 City **VERO BEACH** **FL** 85 Zip Code **32963**

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 and title if applicable. (NOT Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
CD	BECKER, RICHARD E	130 S. SHORE CIR	VERO BEACH FL	<input type="checkbox"/>
PD	DEMPSEY, DANIEL E	6910 33RD ST	VERO BEACH FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	Change	Addition
SECRETARY/DIRECTOR	THOMAS HURLEY	660 BEACHLAND BLVD. STE 201	VERO BEACH, FL 32963	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VICE PRESIDENT/DIRECTOR	R. SCOTT HURLEY	660 BEACHLAND BLVD. STE 201	VERO BEACH, FL 32963	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TREASURER/DIRECTOR	RICHARD E. HURLEY	660 BEACHLAND BLVD. STE 201	VERO BEACH, FL 32963	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
DIRECTOR	BARBARA HURLEY	381 INDIAN HARBOR RD	VERO BEACH, FL 32963	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
DIRECTOR	JOANN M. BECKER	155 SAGO PALM ROAD	VERO BEACH, FL 32963	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. 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, with all other like empowered.

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

Date

(561) 234-5234

Daytime Phone #

CR2E034 (1/98)