

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 693361 (8)

1. Corporation Name

THE INDIAN RIVER CORPORATION



Principal Place of Business

756 BEACHLAND BLVD.
VERO BEACH FL 32963

Mailing Address

756 BEACHLAND BLVD.
VERO BEACH FL 32963

3. Date Incorporated or Qualified

07/06/1981

3a. Date of Last Report

04/28/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2551138

Applied For

Not Applicable

22

27

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24

25

Country

29

30

Country

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

CALDWELL, WILLIAM W
756 BEACHLAND BLVD.
VERO BEACH FL 32963

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 607.07(2) 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 of person or persons authorized to sign this report on behalf of the corporation

(NOTE: Registered Agent Signature required when (re)appointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ DELETE

1. NAME
DP
CALDWELL, WILLIAM W
756 BEACHLAND BLVD.
VERO BEACH FL

☐ Change ☐ Addition

2. NAME
STREET ADDRESS
CITY, ST, ZIP

1. 1. TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY, ST, ZIP

☐ DELETE

3. NAME
STREET ADDRESS
CITY, ST, ZIP

☐ Change ☐ Addition

4. NAME
STREET ADDRESS
CITY, ST, ZIP

2. 1. TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST, ZIP

☐ DELETE

5. NAME
STREET ADDRESS
CITY, ST, ZIP

☐ Change ☐ Addition

6. NAME
STREET ADDRESS
CITY, ST, ZIP

3. 1. TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP

☐ DELETE

7. NAME
STREET ADDRESS
CITY, ST, ZIP

☐ Change ☐ Addition

8. NAME
STREET ADDRESS
CITY, ST, ZIP

4. 1. TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP

☐ DELETE

9. NAME
STREET ADDRESS
CITY, ST, ZIP

☐ Change ☐ Addition

10. NAME
STREET ADDRESS
CITY, ST, ZIP

5. 1. TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP

☐ DELETE

11. NAME
STREET ADDRESS
CITY, ST, ZIP

☐ Change ☐ Addition

12. NAME
STREET ADDRESS
CITY, ST, ZIP

6. 1. TITLE
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 of Book 13 if changed, or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William W. Caldwell

Date

Daytime Phone #

CR2E034 (12/95)