

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # 790106 (9)

1. Corporation Name

INDIAN RIVER CITRUS LEAGUE, INC.

95 JAN 23 AM 9:08

Principal Place of Business

7925 20TH STREET
VERO BCH FL 32966

Mailing Address

INDIAN RIVER CITRUS LEAGUE INC
PO BOX 519
VERO BCH FL 32961
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/01/1931

3a. Date of Last Report

04/11/1994

4. FEI Number

59-0594030

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

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

25

Suite, Apt. #, etc.

26

City & State

27

Zip

Country

28

Zip

Country

29

Zip

Country

30

9. Name and Address of Current Registered Agent

BOURNIQUE, DOUGLAS C.
7925 20TH STREET
VERO BEACH FL 32960

10. Name and Address of New Registered Agent

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

Douglas C. Bournique

(NOTE: Registered Agent signature required when reappointing)

1/17/95

DATE

12. OFFICERS AND DIRECTORS

TITLE

VC

NAME

GATES, PHILIP C SR

STREET ADDRESS

2323 S INDIAN RIVER DR

CITY - ST - ZIP

FT PIERCE, FL 00000

TITLE

PD

NAME

ESTES, WILLIAM C

STREET ADDRESS

2052 NEAR OCEAN DR

CITY - ST - ZIP

VERO BEACH FL

TITLE

CD

NAME

HAMNER, GEORGE F

STREET ADDRESS

995 SANDFLY LANE

CITY - ST - ZIP

VERO BEACH FL

TITLE

VD

NAME

LUTHER, JOHN M

STREET ADDRESS

555 A1A

CITY - ST - ZIP

VERO BCH FL

TITLE

VD

NAME

RICHEY, DANIEL R

STREET ADDRESS

2825 63RD ST

CITY - ST - ZIP

WINTER BCH FL

TITLE

VD

NAME

PARRISH, J J

STREET ADDRESS

603 INDIAN RIVER AVE

CITY - ST - ZIP

TITUSVILLE FL

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

VD

Parrish, J. J., III

603 Indian River Avenue 32976

Vero Beach, FL 32963

5.1 TITLE

☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

VD

Luther, John M

555 A1A

Vero Beach, FL 32963

6.1 TITLE

☒ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

VD

Sexton, Robert G.

1815 - 28th Avenue

Vero Beach, FL 32960

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 110.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

W. Cody Estes

W. Cody Estes, President

1/17/95

407/562/2728

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date)

(Filing Number)