


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 14, 1999 8:00 am**  
**Secretary of State**

04-14-1999 90164 003 \*\*\*483.75

0021285

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 791004</b>					
1. Corporation Name <b>INTERIOR SEALD-SWEET SHIPPERS, INC.</b>					
Principal Place of Business 1991 74TH AVENUE VERO BEACH FL 32956			Mailing Address PO BOX <del>6152</del> <b>690152</b> VERO BEACH FL <del>32961</del> <b>32969-0152</b>		



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified <b>12/02/1970</b>	
				4. FEI Number <b>NOT APPLICABLE</b>	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
9. Name and Address of Current Registered Agent <b>BAER, KENNETH A 1991 74TH AVENUE VERO BEACH FL 32966</b>				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PCB	<input type="checkbox"/> DELETE		1.1 TITLE	DIRECTOR	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	HUNT, FRANK M III			1.2 NAME	SCHUMACHER, CHARLES R		
STREET ADDRESS	803 NORTH LAKESHORE BOULEVARD			1.3 STREET ADDRESS	523 PEAR STREET		
CITY-ST-ZIP	LAKE WALES FL 33853			1.4 CITY-ST-ZIP	SEBRING, FL 33870		
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FORT, RICHARD A JR.			2.2 NAME			
STREET ADDRESS	500 N.E. 5TH STREET			2.3 STREET ADDRESS			
CITY-ST-ZIP	FT. MEADE FL 33841			2.4 CITY-ST-ZIP			
TITLE	ST	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SANDIERS, CHARLES M JR.			3.2 NAME			
STREET ADDRESS	1485 50TH COURT			3.3 STREET ADDRESS			
CITY-ST-ZIP	VERO BEACH FL 32966			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GRIFFIN, BEN H III			4.2 NAME			
STREET ADDRESS	700 SOUTH ALTERNATE HIGHWAY 27			4.3 STREET ADDRESS			
CITY-ST-ZIP	FROSTPROOF FL 33843			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FISCHER, EVERETTE			5.2 NAME			
STREET ADDRESS	131 MAGNOLIA STREET			5.3 STREET ADDRESS			
CITY-ST-ZIP	WINDERMERE FL 34786			5.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PERCY, JAMES L			6.2 NAME			
STREET ADDRESS	1102 PASEO AVENUE			6.3 STREET ADDRESS			
CITY-ST-ZIP	FT. PIERCE FL 34982			6.4 CITY-ST-ZIP			

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 617, 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:  **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/99 561-569-2244  
Date Daytime Phone #

EXT 154

CR2E037 (1/1/98)