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FILED
May 20 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 791011 (0)

1. Corporation Name

AGRI-BUSINESS COOPERATIVE OF INDIAN RIVER

Principal Place of Business

2000 N KINGS HWY
POST OFFICE BOX 670
FORT PIERCE FL 34954

Mailing Address

2000 N KINGS HWY
POST OFFICE BOX 670
FORT PIERCE FL 34954-0670



3. Date Incorporated or Qualified
05/06/1971

3a. Date of Last Report
04/08/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

4. FEI Number
59-1354883

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 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

MINTON, O. R.
1001 S. 11 STREET
FORT PIERCE FL 33450

81 Name

B. T. MINTON

82 Street Address (P.O. Box Number is Not Acceptable)
8431 HIDDEN PINES ROAD

83

84 City

FORT PIERCE

FL

85 Zip Code
34951

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 responsibilities 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)

4/29/97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME PD
MINTON, B T
STREET ADDRESS 5807 KILLARNEY AVE
CITY-ST-ZIP FT PIERCE FL 34950

TITLE ☐ DELETE

NAME VSD
MINTON, SHIRLEY A.
STREET ADDRESS 1001 S 11TH STREET
CITY-ST-ZIP FT PIERCE FL

TITLE ☐ DELETE

NAME STD
MINTON, J L
STREET ADDRESS 4905 4TH STREET
CITY-ST-ZIP VERO BEACH FL 32968

TITLE ☐ DELETE

NAME VD
MINTON, MICHAEL D
STREET ADDRESS 2513 S. INDIAN RIVER DR.
CITY-ST-ZIP FT. PIERCE FL 34950

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)