

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 27 AM 8:51

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 791041 (7)

1. Corporation Name

INDIAN RIVER SHIPPERS ASSOCIATION

Principal Place of Business

Mailing Address

**3850 20TH STREET
SUITE 500
VERO BEACH FL 32960
US**

**3623 20TH STREET
P.O. BOX 521
VERO BEACH FL 32960**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/18/1974

3a. Date of Last Report

02/21/1994

4. FBI Number

59-1566865

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BAILEY, BEN F III
3850 20TH STREET
VERO BEACH FL 32961**

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

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 ST
NAME BAILEY, BEN III
STREET ADDRESS 3850 20TH STREET
CITY - ST - ZIP VERO BEACH FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

**TITLE PT
NAME EGAN, BERNARD
STREET ADDRESS 1900 OLD DIXIE
CITY - ST - ZIP FT PIERCE FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

**TITLE D
NAME SCIRARD, J. BRANTLEY
STREET ADDRESS 1108 TRINIDAD AVENUE
CITY - ST - ZIP FT. PIERCE FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

**TITLE D
NAME MCCANN, JAMES J.
STREET ADDRESS 2130 N. OLD DIXIE HWY
CITY - ST - ZIP FT. PIERCE FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

**TITLE D
NAME JOHNSON, LEE
STREET ADDRESS 5028 87TH STREET
CITY - ST - ZIP WABASSO FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE:

Ben Bailey

SECRETARY/TREASURER

4/17/95

407-567-9665

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number