FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 13 AM 10: 15

DOCUMENT # F39990 (9)

1. Corporation Name
INDIAN RIVER LANDS, INC.

Principal Place of Business	Mailing Address
3003 CARDINAL DR SUITE C VERO BEACH FL 32963-1974	3003 CARDINAL DR SUITE C VERO BEACH FL 32963-1974

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/09/1981
3a. Date of Last Report: 04/22/1994
4. FEI Number: 59-2815031 — 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

2. Principal Place of Business (21) — Suite, Apt. #, etc. (22) — City & State (23) — Zip (24) — Country (25)
2a. Mailing Address (26) — Suite, Apt. #, etc. (27) — City & State (28) — Zip (29) — Country (30)

9. Name and Address of Current Registered Agent
OFFUTT, HARRY C, III
3003 CARDINAL DRIVE
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 _____ (Signature, typed or printed name of registered agent, and title if applicable) (NOTE: Registered Agent signature required when new/updated) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	COCHRANE, WILLIAM H.
STREET ADDRESS	2320 CLUB DRIVE
CITY, ST, ZIP	VERO BEACH, FL 00000
TITLE	VPD
NAME	MCLARTY, NANCY J.
STREET ADDRESS	991 CREENWAY LANE
CITY, ST, ZIP	VERO BEACH FL
TITLE	STD
NAME	OFFUTT, HARRY C. III
STREET ADDRESS	3003 CARDINAL DRIVE
CITY, ST, ZIP	VERO BEACH FL
TITLE	D
NAME	GONZALEZ, LENOR L.
STREET ADDRESS	1 WINDWARD WAY
CITY, ST, ZIP	VERO BEACH FL
TITLE	D
NAME	WALTON, WILLIAM H. III
STREET ADDRESS	1251 AVENUE OF THE AMER.
CITY, ST, ZIP	NEW YORK, NY.
TITLE	D
NAME	SMATHERS, ROSEMARY T.
STREET ADDRESS	500 BEACH ROAD - #311
CITY, ST, ZIP	VERO BEACH 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		
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. 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 or Block 13 (if changed), or on an attachment with an address.

SIGNATURE: _____ 1/5/95 (Date) 407-231-2100 (Daytime Phone #)
SIGNATURE AND TYPED OR PRINTED NAME OF MAJORITY OFFICER OR DIRECTOR
HARRY C. OFFUTT III

0071017 CR