

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

DOCUMENT # H25894

(7)

95 MAR 14 AM 8:09

1. Corporation Name

INDIAN RIVER ELITE CITRUS, INC.

Principal Place of Business

**3111 CARDINAL DRIVE
P.O. BOX 4375
VERO BEACH FL 32964**

Mailing Address

**3111 CARDINAL DRIVE
P.O. BOX 4375
VERO BEACH FL 32964**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/17/1984

3a. Date of Last Report

04/19/1994

4. FEI Number

59-2455304

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. 109.032, Florida Statutes

☐ Yes ☒ No

2. Principal Place of Business

21 800 20th Place, Suite 3

2a. Mailing Address

26 800 20th St. Suite #3

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 P.O. Box 1344

27 P.O. Box 1344

City & State

City & State

23 Vero Beach, FL 32961-1344

28 Vero Beach, FL

Zip Country

Zip Country

24 32961-1344

25

29 32961-1344

30

9. Name and Address of Current Registered Agent

**O'HAIRE, MICHAEL
3111 CARDINAL DRIVE
VERO BEACH FL 32963**

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, principal place of business, 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 of person appointed as registered agent and the fee paid)

(Signature of person appointed as registered agent when mandatory)

DATE

12. OFFICERS AND DIRECTORS

1101

**PD
WALKER, HARRY W. II
796 REEF ROAD
VERO BEACH FL**

NAME

STREET ADDRESS

CITY, ST, ZIP

1102

**VD
MARTIN, STEVEN C.
4111 INDIAN RIVER DR.
VERO BEACH FL**

NAME

STREET ADDRESS

CITY, ST, ZIP

1103

**S
ROODE, LYNDA
315 13TH AVENUE
VERO BEACH FL**

NAME

STREET ADDRESS

CITY, ST, ZIP

1104

**AST
HATT, KAY
2120-32ND AVE.
VERO BEACH FL**

NAME

STREET ADDRESS

CITY, ST, ZIP

1105

**D
HAMNER, GEORGE JR.
601 US HIGHWAY #1
VERO BEACH FL**

NAME

STREET ADDRESS

CITY, ST, ZIP

1106

NAME

STREET ADDRESS

CITY, ST, ZIP

1107

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

111 TITLE

☐ Change ☐ Add

112 NAME

113 STREET ADDRESS

114 CITY, ST, ZIP

115 TITLE

☐ Change ☐ Add

116 NAME

117 STREET ADDRESS

118 CITY, ST, ZIP

119 TITLE

☐ Change ☐ Add

120 NAME

121 STREET ADDRESS

122 CITY, ST, ZIP

123 TITLE

☐ Change ☐ Add

124 NAME

125 STREET ADDRESS

126 CITY, ST, ZIP

127 TITLE

☐ Change ☐ Add

128 NAME

129 STREET ADDRESS

130 CITY, ST, ZIP

14. I hereby certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information submitted 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. 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 13 of this form if changed, or as an attachment with this address.

SIGNATURE: Lynda K. Roode, Secretary

(Name and Title of Officer or Director)

3/9/95

407-562-0301