FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #
1. Corporation Name

(0)

INDIAN RIVER MARINE SALES, INC.

Block 12 or Block 13 if changed, or on an attachment with an address.

Principal Place of Business

3435 AVIATION BLVD P O BOX 2661

Mailing Address

3435 AVIATION BLVD P O BOX 2661

FILED Apr 29 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE **VERO BEACH FL 32960** VERO BEACH FL 32960 3. Date Incorporated or Qualified 06/18/1986 4. FEI Number 2. Principal Place of Business Applied For 3435 AVIATION BLUD 3435 AVIATION BUD 59-2915790 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible 5 U Personal Property Tax due June 30. Yes ☐ No Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MCKEE, JOHN H. 3435 AVIATION BLVD 82 Street Address (P.O. Box Number is Not Acceptable) VERO BEACH FL 32960 В3 84 City Zip Code 85 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) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE Change Addition MCKEE, JOHN H. NAME 1.2 NAME 8030 NASSAU DRIVE STREET ADDRESS 1.3 STREET ADDRESS **VERO BEACH FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change TITLE 2.1 TITLE Addition MCKEE, SONIA C NAME 2.2 NAME **8030 NASSAU DRIVE** STREET ADDRESS 2.3 STREET ADDRESS VERO BEACH FL CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change TITLE 4.1 TITLE Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 51 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change TITLE 6.1 TITLE Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 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 607, Florida Statutes; and that my name appears in