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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



STATE OF FLORIDA
 DONALD R. WELLS
 Governor
 DIVISION OF CORPORATIONS

DOCUMENT # J92551 (7)

INDIAN RIVER CONTRACTING CORPORATION

Principal Place of Business
 6290 OLD DIXIE HWY
 P.O. BOX 158
 WINTER BEACH FL 32971

Mailing Address
 6290 OLD DIXIE HWY
 P.O. BOX 158
 WINTER BEACH FL 32971

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 09/15/1987
3a. Date of Last Report 03/01/1994
4. FEI Number 59-2838955
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
2a. Mailing Address
22. Code, Apt. #, etc.
27. Suite, Apt. #, etc.
23. City & State
28. City & State
24. Zip
25. Country
29. Zip
30. Country

9. Name and Address of Current Registered Agent
 LIPPS, LAWRENCE
 6290 OLD DIXIE HIGHWAY
 WINTER BEACH FL 32973

10. Name and Address of New Registered Agent
B1. Name
B2. Street Address (P.O. Box Number is Not Acceptable)
B3.
B4. City
FL B5. Zip Code

11. I, the undersigned, a resident of the State of Florida, being duly qualified to act as a registered agent, hereby certify that I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, in connection with the appointment of the above-named corporation as a registered agent 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 _____ **DATE** _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1995	
NAME	DP LIPPS, LAWRENCE	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3385 13TH PLACE	12. NAME	
CITY - STATE - ZIP	VERO BEACH FL	13. STREET ADDRESS	
NAME	ST LIPPS, PAMELA	14. CITY - ST - ZIP	
STREET ADDRESS	3385 13TH PLACE	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY - STATE - ZIP	VERO BEACH FL	22. NAME	
NAME		23. STREET ADDRESS	
STREET ADDRESS		24. CITY - ST - ZIP	
CITY - STATE - ZIP		31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY - STATE - ZIP		34. CITY - ST - ZIP	
NAME		41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		42. NAME	
CITY - STATE - ZIP		43. STREET ADDRESS	
NAME		44. CITY - ST - ZIP	
STREET ADDRESS		51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY - STATE - ZIP		52. NAME	
NAME		53. STREET ADDRESS	
STREET ADDRESS		54. CITY - ST - ZIP	
CITY - STATE - ZIP		61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY - STATE - ZIP		64. CITY - ST - ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(5)(a), Florida Statutes. I further certify that the information contained 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 on Block 12 or Block 13 of this report, or on an annual report with an address.

SIGNATURE: *Lawrence Lipps* **Lawrence Lipps** **2-23-95** **407-567-8404**