

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

FILED

Jan 29 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **K46047** (2)

1. Corporation Name

**CASEY'S INDIAN RIVER FRUIT, INC.**

Principal Place of Business

**C/O GERALDINE MANIERE  
2790 WEST CANAL ST  
NEW SMYRNA BEACH FL 32169**

Mailing Address

**C/O GERALDINE MANIERE  
2790 WEST CANAL ST  
NEW SMYRNA BEACH FL 32169**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**11/17/1988**

4. FEI Number

**59-2927241**

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

25

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**MANIERE, GERALDINE  
2617 COW CREEK RD  
EDGEWATER 32141**

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 reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☒ DELETE

NAME **MANIERE, GERALDINE**  
STREET ADDRESS **2617 COWCREEK RD**  
CITY-ST-ZIP **EDGEWATER FL**

TITLE **P** ☐ DELETE

NAME **MANIERE, THOMAS**  
STREET ADDRESS **2617 COW CREEK RD.**  
CITY-ST-ZIP **EDGEWATER FL**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
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 Block 12 or Block 13 if changed on an attachment with an address.

SIGNATURE:

*Thomas Maniere*  
SIGNATURE REQUIRED

1/21/98 904 427-2302

CR2E034 (10/97)