

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K60467

1. Corporation Name

INDIAN RIVER BANKING COMPANY

Principal Place of Business

% CHARLES LAVIN
958 20TH PL
VERO BEACH FL 32960

Mailing Address

% CHARLES LAVIN
958 20TH PL
VERO BEACH FL 32960

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/24/1989

4. FEI Number

59-2931518

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 the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LAVIN, CHARLES
958 20TH PL
VERO BCH FL 32960

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME MARINE, WILLIAM B
STREET ADDRESS 5891 B NT PINE DR
CITY-ST-ZIP VERO BEACH FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME GREENE, BARNETTE E JR.
STREET ADDRESS 4855 16TH STREET
CITY-ST-ZIP VERO BEACH FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME GRICE, ROBERT A
STREET ADDRESS 710 CONOE TRAIL
CITY-ST-ZIP VERO BEACH FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME RICHEY, DANIEL R.
STREET ADDRESS P.O. BOX 196 N/A
CITY-ST-ZIP WINTER BEACH FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ST ☐ DELETE
NAME RUEHMAN, KITTY L.
STREET ADDRESS 13880 97TH STREET
CITY-ST-ZIP FELLSMERE FL 32948

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME ROGERS, MARY M.
STREET ADDRESS 200 COCONUT PALM RD
CITY-ST-ZIP VERO BCH FL

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 Block 12 or Block 13 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-24-99 561-569-9200

CR2E034 (11/98)

254274-9044-1

K60467

INDIAN RIVER BANKING COMPANY
59-2931518

ATTACHMENT TO #12 OFFICERS AND DIRECTORS

D
Smith, John D.
49 Royal Palm Blvd, Suite 200
Vero Beach, FL 32960

D
Minton, John L.
P O Box 670
Ft. Pierce FL 33454

D
Graves, William C., IV
128 43rd Ave SW
Vero Beach FL 32968

D
Morgan, Keith H., Jr.
PO Box 249
Vero Beach FL 32961-0249

D/P
Lavin, Charles
958 20th Place
Vero Beach, FL 32960

D
Beindorf, Paul A.
4865 13th Place
Vero Beach FL 32966