

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 27 AM 8:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000001975 (2)

1. Corporation Name

INDIAN RIVER STREET MACHINE ASSOC., INC.

Principal Place of Business

Mailing Address

P.O. BOX 657
VERO BEACH FL 32961

P.O. BOX 657
VERO BEACH FL 32961

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/03/1993

3a. Date of Last Report
05/01/1994

4. FEI Number
65-0318507

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

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status ☐

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CLARK, ROBERT C
1936 14TH AVE.
VERO BEACH 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 resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DP
HOSKINS ROBERT,
1850 COBIA DR.
VERO BEACH FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DVP
PRICE CHARLES,
1918 63RD CT.
VERO BEACH FL 32968

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DS
GLENDA WHEATLY,
63 SW 20TH LANE
VERO BEACH FL 32968

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DT
KIEFER NANCY,
570 11TH CT.
VERO BEACH FL 32962

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
MILLER, BOB
636 9TH STREET
VERO BEACH FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
COOPER, WAYNE
075 34TH AVE. S.W.
VERO BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

DP
Mike Madsen
1427 32nd Ave
Vero Beach, FL 32960
☒ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

D
Bazz Smith
1150 20th Ave.
Vero Beach FL 32960
☒ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/95

407.231.9075