

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000044906 (4)

1. Corporation Name

INDIAN RIVER REPTILE, INC.



Principal Place of Business

Mailing Address

**9209 S. INDIAN RIVER DR.
FT. PIERCE FL 34982-7853
US**

**9209 S. INDIAN RIVER DR.
FT. PIERCE FL 34982-7853
US**

3. Date Incorporated or Qualified **06/18/1993** 3a. Date of Last Report **04/26/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc

26 Suite, Apt #, etc

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number

65-0437379

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**INGRAM, WILLIAM T SR.
11120 S.E. FEDERAL HIGHWAY
HOBE SOUND FL 33455**

81 Name **WILLIAM J. NINESLING**

82 Street Address (P.O. Box Number is Not Acceptable)
9209 S. INDIAN RIVER DRIVE

83 **FORT PIERCE, FL 34982**

84 City **FORT PIERCE, FL 34982** FL 85 Zip Code **34982**

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 will accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *William J. Ninesling* **WILLIAM J. NINESLING, PRES.**

6/5/96

Signature typed or printed name of registered agent, if applicable

(NOTE: Registered Agent signature required when re-appointing)

Date:

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **P NINESLING, WILLIAM J.**
STREET ADDRESS **9209 INDIAN RIVER DR.**
CITY - ST - ZIP **FT. PIERCE FL**

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME **STR WILLIAM SHAWN NINESLING**
1.3 STREET ADDRESS **4811 S. INDIAN RIVER DRIVE**
1.4 CITY - ST - ZIP **FORT PIERCE, FL 34982**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

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: *William J. Ninesling* **WILLIAM J. NINESLING, PRES. 6/5/96**

407-340-2156

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Display Phone #

CR2E034 (3/96)