FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY -1 AM 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000050914 (8)**

1. Corporation Name

INDIAN RIVER ENVIRONMENTAL LIABILITY CORP., INC.

Principal Place of Business	Mailing Address
317 RIVEREDGE BLVD COCOA FL 32923	317 RIVEREDGE BLVD COCOA FL 32923

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/01/1994**
3a. Date of Last Report:

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

4. FEI Number: **59-3261706** ☐ 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

HARRISON, MICHELLE B
317 RIVEREDGE BLVD
COCOA FL 32923

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PVST	11 TITLE	DV	☒ Change ☐ Addition
NAME	HARRISON, MICHELLE B	12 NAME	HARRISON, MICHELLE B.	
STREET ADDRESS	317 RIVEREDGE BLVD	13 STREET ADDRESS	317 RIVEREDGE BLVD	
CITY-ST-ZIP	COCOA FL 32923	14 CITY-ST-ZIP	COCOA, FL 32922	
TITLE	D	21 TITLE		☐ Change ☐ Addition
NAME	HARRISON, MICHELLE B	22 NAME		
STREET ADDRESS	317 RIVEREDGE BLVD	23 STREET ADDRESS		
CITY-ST-ZIP	COCOA FL 32923	24 CITY-ST-ZIP		
TITLE		31 TITLE	DVPS	☐ Change ☒ Addition
NAME		32 NAME	BUCHANAN, MARK S.	
STREET ADDRESS		33 STREET ADDRESS	317 RIVEREDGE BLVD.	
CITY-ST-ZIP		34 CITY-ST-ZIP	COCOA, FL 32922	
TITLE		41 TITLE	DVT	☐ Change ☒ Addition
NAME		42 NAME	HARRISON, WENDELL D.	
STREET ADDRESS		43 STREET ADDRESS	317 RIVEREDGE BLVD.	
CITY-ST-ZIP		44 CITY-ST-ZIP	COCOA, FL 32922	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(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 11 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ Mark S. Buchanan 4-27-95 (401) 631-0070 EXT 102
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — OFFICER OR DIRECTOR — Date — Daytime Phone #

0087966 CP