

FILE NOW FILING FEE AFTER MAY 15, 1994

**PROFIT
CORPORATION
ANNUAL REPORT
1997**



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

**APPROVED
AND
FILED**

1997 APR 30 PM 2:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000050914 (8)

1. Corporation Name
INDIAN RIVER ENVIRONMENTAL LIABILITY CORP., INC.



Principal Place of Business
**317 RIVEREDGE BLVD
COCOA FL 32923**

Mailing Address
**317 RIVEREDGE BLVD
COCOA FL 32922-7984**

3. Date Incorporated or Qualified
07/01/1994

3a. Date of Last Report
05/01/1996

2. Principal Place of Business
21

2a. Mailing Address
26

4. FEI Number
59-3261706

Applied For
☐ Not Applicable

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

City & State
23

City & State
28

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

Zip
24

Country
25

Zip
29

Country
30

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

**BUCHANAN, MARK S
317 RIVEREDGE BLVD
COCOA FL 32922**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 **CORPORATION SERVICE COMPANY**
1201 HAYS STREET
84 City **TALLAHASSEE, FL 32301** de

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 *Vicki Schreiber* **VICKI SCHREIBER** **4/29/97**
Signature of person or printed name of registered agent and title, if applicable **ASST VICE PRESIDENT (ing)** DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D	<input type="checkbox"/> DELETE
NAME HARRISON, MICHELLE B	
STREET ADDRESS 317 RIVEREDGE BLVD.	
CITY- ST- ZIP COCOA FL	
TITLE S	<input type="checkbox"/> DELETE
NAME TUCK, ELIZABETH M	
STREET ADDRESS 501 CARR ROAD	
CITY- ST- ZIP WILMINGTON DE	
TITLE DVP	<input type="checkbox"/> DELETE
NAME BUCHANAN, MARK S	
STREET ADDRESS 317 RIVEREDGE BLVD.	
CITY- ST- ZIP COCOA FL	
TITLE DVP	<input type="checkbox"/> DELETE
NAME HARRISON, WENDELL D	
STREET ADDRESS 317 RIVEREDGE BLVD.	
CITY- ST- ZIP COCOA FL	
TITLE DP	<input type="checkbox"/> DELETE
NAME CLARK, GLENN W	
STREET ADDRESS 501 CARR ROAD	
CITY- ST- ZIP WILMINGTON DE	
TITLE DP	<input type="checkbox"/> DELETE
NAME BUCHANAN, MARK S	
STREET ADDRESS 317 RIVEREDGE BLVD.	
CITY- ST- ZIP COCOA FL	

1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	5
2.2 NAME	TUCK, Elizabeth M.
2.3 STREET ADDRESS	70 Pine Street
2.4 CITY- ST- ZIP	New York, NY 10070
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	DV
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

14. I do 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.

SIGNATURE: *Mark S Buchanan* **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4-1-97** Daytime Phone #

CR2E034 (9/96)