Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90251 041 ***150.00

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 # P9600059537

1. Corporation Name

INDIAN RIVER EQUIPMENT COMPANY, INC.

Principal Place of Business Mailing Address						
1935 KING RICHARD DRIVE 1935 KING RICHARD DRIVE						·
TITUSVILLE FL 32796 TITUSVILLE FL 32796						DO NOT WRITE IN THIS SPACE
ı						3. Date Incorporated or Qualifed
						07/15/1996
2. Principal Place of Business		2a. Mailing Address				4. FEI Number Applied For
21						59-3409856 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional
22		27				Fee Required
City & State		City & State	··			6. Election Campaign Financing - \$5:00 May Be
23		28 .				Trust Fund Contribution Added to Fees
Zip	Country	Zip -	Count	try		8. This corporation owes the current year Intangible Personal Property Tax. Yes No
24	25	29 3	0			Personal Property Tax. Yes INO 10. Name and Address of New Registered Agent
9. Name and Address of Current Registered Agent				31	Name	10. Name and Address of New Registered Agent
FORD, CHARLES D			Ľ		1401110	
1080 NORTH CARPENTER ROAD			1	32	Street Addre	ess (P.O. Box Number is Not Acceptable)
TITUSVILLE FL 32796			-	33		
1110	311222 1 C 321 33),	23		
			1	34	City	FI 85 Zip Code
44 5	to the are injury of Continue 607 050	2 and 607 1509 Florida Statutes	the abo	71/0	-named corno	protion submits this statement for the numose of changing its registered
l office or n	egistered agent, or both, in the State m familiar with, and accept the obligations.	of Florida. Such change was auti	horized i	Dy t	the corporation	in's board of directors. I hereby accept the appointment as registered
SIGNATURE					·	when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registere				gent	signature required	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	p OFFICERS AN	DELETE	13.		——-r—-	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	FORD, CHARLES D	Doctor	1.2 NAM		1	
NAME	4000 N CARRENTED PR		1	-		
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP	VP	: FL 14 CI			-ZIP	☐ Change ☐ Addition
TITLE	TILLETT JR, WALTER R	La DELEIL	2.2 NAM			
NAME	1935 KING RICHARD DRIVE				ADDRESS	
STREET ADDRESS						
CITY-ST-ZIP	TITUSVILLE FL	□ DELETE	2. 4 C/T		1-ZIP	☐ Change ☐ Addition
- TITLE	TILLETT, SUSAN-LYNN	. C J CIBCETT	3.2 NAW	-	. -	
NAME	1935 KING RICHARD DRIVE		1		ADOBESS	
ſ !	TITLE OF THE TELESCOPE AND THE		3.3 STREET ADDRESS 3.4. CITY-ST-ZIP			
CITY-ST-ZIP	T T	T DELETE	3,4. CIT 4.1 TITL		<u> - </u>	Change Addition
TITLE	FORD, GAIL R		4,1 ML			<u></u>
NAME	1080 N CARPENTER ROAD				ADDRESS	
TITLION LE EL		1		1		
CITY-ST-ZIP	TITUOVILLE I L		4.4 CITY	· > 1	- 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 comporation 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 c

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

☐ DELETE

☐ DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

Change

Change

☐ Addition

Addition