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FILED
Feb 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000017841 (2)

1. Corporation Name

INDIAN RIVER INFORMATION SERVICES, INC.

Principal Place of Business

201 PLANTATION CLUB DRIVE STE 1402
MELBOURNE FL 32940

Mailing Address

201 PLANTATION CLUB DRIVE STE 1402
MELBOURNE FL 32940

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/21/1997

4. FEI Number

59-3426809

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 104 S. Harbor City Blvd

Suite, Apt. #, etc

22 Suite A

City & State

23 Melbourne FL

Zip

24 32901

Country

25 USA

2a. Mailing Address

26 104 S. Harbor City Blvd

Suite, Apt. #, etc

27 Suite A

City & State

28 Melbourne FL

Zip

29 32901

Country

30 USA

9. Name and Address of Current Registered Agent

DYER, DAVID W
325 FIFTH AVE. STE 205
INDIALANTIC FL 32903

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

Joanna Marks

Joanna Marks

2/3/98

(Signature typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME GIBBONS, DON
STREET ADDRESS 201 PLANTATION CLUB DRIVE STE 1402
CITY-ST-ZIP MELBOURNE FL 32940

TITLE VD ☐ DELETE

NAME MARKS, J M
STREET ADDRESS 201 PLANTATION CLUB DRIVE STE 1402
CITY-ST-ZIP MELBOURNE FL 32940

TITLE SD ☐ DELETE

NAME GIBBONS, LYNN C
STREET ADDRESS 201 PLANTATION CLUB DRIVE STE 1402
CITY-ST-ZIP MELBOURNE FL 32940

TITLE TD ☐ DELETE

NAME MARKS, JOANNA
STREET ADDRESS 201 PLANTATION CLUB DRIVE STE 1402
CITY-ST-ZIP MELBOURNE FL 32940

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 310 Lanternback Island
1.4 CITY-ST-ZIP Satellite Bch FL 32937

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS 205 Bonnie Ct
2.4 CITY-ST-ZIP Satellite Bch FL 32937

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS 310 Lanternback Island
3.4 CITY-ST-ZIP Satellite Bch FL 32937

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS 205 Bonnie Ct
4.4 CITY-ST-ZIP Satellite Bch FL 32937

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-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 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

Joanna Marks

Joanna Marks

2/3/98

CR2E034 (10/97)