

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

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90108 005 ***150.00

DOCUMENT # P97000017841

1. Corporation Name

INDIAN RIVER INFORMATION SERVICES, INC.

Principal Place of Business

104 S HARBOR CITY BLVD
STE. A
MELBOURNE FL 32901
US

Mailing Address

104 S HARBOR CITY BLVD
STE. A
MELBOURNE FL 32901
US

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 the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 1819 Riverview Dr.

2a. Mailing Address

26 Same as

Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

City & State

23 Melbourne FL

City & State

28 } Country

Zip

24 32901

Country

25 US

Zip

29

Country

30

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

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
NAME GIBBONS, DON
STREET ADDRESS 310 LANTERNBACK ISLAND DR
CITY-ST-ZIP SATELLITE BEACH FL 32937

TITLE VD
NAME MARKS, J M
STREET ADDRESS 205 BONNIE CT
CITY-ST-ZIP SATELLITE BEACH FL 32937

TITLE SD
NAME GIBBONS, LYNN C
STREET ADDRESS 310 LANTERNBACK ISLAND
CITY-ST-ZIP SATELLITE BEACH FL 32937

TITLE TD
NAME MARKS, JOANNA
STREET ADDRESS 205 BONNIE COURT
CITY-ST-ZIP SATELLITE BEACH FL 32937

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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

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

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

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

6.1 TITLE
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/23/99 407/956-8617

CR2E034 (1/98)