

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # V19445 (8)

1. Corporation Name

INDIAN RIVER PROPERTY SERVICES, INC.



Principal Place of Business

3056 12TH ST
VERO BEACH FL 32960
US

Mailing Address

PO BOX 5096
VERO BEACH FL 32960
US

3. Date Incorporated or Qualified
03/05/1992

3a. Date of Last Report
05/01/1995

4. FEI Number
65-0315115

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

10. Name and Address of New Registered Agent

2. Principal Place of Business

21. 540 39TH COURT

Suite, Apt. #, etc.

22. Suite, Apt. #, etc.

23. City & State

24. Vero Beach, FL

25. Zip

26. 32960

27. Country

28. US

2a. Mailing Address

26. Suite, Apt. #, etc.

27. Suite, Apt. #, etc.

28. City & State

29. Zip

30. Country

31. US

9. Name and Address of Current Registered Agent

FLICKINGER, MARIA L.
3056 12TH STREET
VERO BEACH FL 32960

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 607.0503, Florida Statutes.

SIGNATURE

Signature of Agent or Registered Agent

4/18/96

12. OFFICERS AND DIRECTORS

TITLE P
NAME FLICKINGER, MARIA L
STREET ADDRESS 3056 12TH STREET
CITY-ST-ZIP VERO BEACH FL

TITLE VP
NAME FLICKINGER, KEN R
STREET ADDRESS 3056 12TH STREET
CITY-ST-ZIP VERO BEACH FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARIA L. FLICKINGER

4/18/96

Date

407-562-9000

Daytime Phone #