

FILED
Mar 05, 2008 08:00 A
Secretary of State

1. Entity Name
INDIAN RIVER FRUIT & VARIETY STORE, INC.



Mailing Address
89 HIGHWAY 301 NORTH
BALDWIN, FL 32234

DO NOT WRITE IN THIS SPACE



02012008 No Chg-P CR2E034 (11/05)

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

(NOTE: Registered Agent signature required when reinstalling)

DATE _____

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

10.	OFFICERS AND DIRECTORS
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

000000847571
03/19/08-80025-013 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

Minez B Hill
SIGNATURE AND TYPED OR PRINTED NAME

Presentation

3/8/08
Date

904-266-9122
Daytime Phone #