SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V44752

(6)

INDIAN RIVER SHELLFISH INC.

6/2)

FILED

97 JUL 18 AM 10: 03

SEGNETANY OF SYATE TALLAHASSEE, FLORIDA



		<u></u>									
Principal Place				Mailing Address				1981 91191 9181 9181 (998) 9119 119			11 81811 1881
7200 A. SOUTH US 1 TITUSVILLE FL 32780				P.O. BOX 420 ~ CARRAB GLLE FL 3 2322							
			••	7200 A South us 1				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report			
			7	TITUSVILLE,	FL 3	27	780	3. Date Incorporated or Qualified	1		
2 Principal Pi	lace of Busine	986	J •	a. Mailing Address				06/17/1992 4. FEI Number	112	/ /09/₁1996	oplied For
21		300	20	~ ·	SOUTH	1	/C ·/	59-3132362		}	ot Applicable
Suite, Apt.	#, etc.			Suite, Apt. #, etc.	304171				П	 -	Additional
22			2	7				Certificate of Status Desired			equired
City & State	9			City & State	_			6. Election Campaign Financing	_		May Be
23		•	20					Trust Fund Contribution	<u> </u>	•	to Fees
Zip	-	Country	21	^{Zip} 3 3 3 7 80	Cour		UARO	 B. This corporation owes or has pail Personal Property Tax due June 	-	_ ′ -	tangible ☑ No
24		nd Address of		<u> </u>	1301 12	۲۷	VITICO	10. Name and Address of New Reg		····	140
HII						81	Name		,		
HILL, TIMOTHY J 4922 OWENS ST							Street Address (P.O. Box Number is Not Acceptable)				
	ANT FL 329					82	Super Addit	65 (F.O. BOX NUMBERS NOT ACCEPTED	u)		
					ľ	63					
					-	84	City			85 Zip	Code
									<u>FL</u>		
11. Pursuant 1	to the provision	ons of Sections	607.0502 and	607.1508, Florida Sta	tutes, the ab	ove	-named corpo	pration submits this statement for the property speed of directors. I hereby accept	urpose of	f changing it	ts registered
agent. I a	m familiar with	h, and accept the	ne obligations	of, Section 607.0505,	Florida Statu	utes.		on's board of directors. I hereby accep	trie app	Ollillineill as	registered
SIGNATURE						. .	.,,				
··	Signature, typed o	y printed name of reg	istered agent and ERS AND DIF		IOTE: Registered	Agen	nt signature require	d when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE EDC AND	DIDECTOR	2C 1N1 12
12.	D	Orrici	LNS AND DIF	DELETE	1,1 [1]	1 F		ADDITIONS/CHANGES TO OFFIC	ENS AINL	Change	Addition
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NAME					6.2 NA	ME				-	
STREET ADDRESS					6.3 STF	REET	ADDRESS				
CITY-ST-ZIP					6.4 CIT						
14. I do heret	by certify that	the information	supplied with	this filing does not gu	alify for the	exer	nption stated	in Section 119.07(3)(i), Florida Statutes	. I further	r certify that	the
lem an of	fficer or direct	tor of the corno	ration or the r	eceiver or trustee emp	owered to ex	Xecr	iale and that i ute this report	my signature shall have the same legal as required by Chapter 607, Florida S	enect as atutes; a	וח made un ind that my r	uər oam; mat namə
appears is	n Bl oc k 12 or	Block 13 if cha	nged, or on a	n attachment with an a	address.						
		y 📉	- D		4144			• • • • • • •	•		

M.V

To whom ut may concerni

Indian Juin Shellfish never received their notice of re-instatement. We - ded however received the Ind notice - paper work. A noticed that our new - mailing address did not get changed - with our new place of business - address on the last re- instatement - forms. That could be the problem in not receiving the 1st motice. Please find enclosed a check and paperwork with the proper corrections again.

Sy your have any guestions

plend contact for themen-Rose Thank you,

ax 407-264-0629

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Timothy J. Will

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