

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 # **V62976** (8)

1. Corporation Name

INDIAN RIVER CITRUS TRANSPORT, INC.



Principal Place of Business

**2800 PARRISH RD.
TITUSVILLE FL 32796**

Mailing Address

**2800 PARRISH RD.
TITUSVILLE FL 32796**

3. Date Incorporated or Qualified
09/10/1992

3a. Date of Last Report
04/21/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

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30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JONES, HARRY A.
11A MAX BREWER PKWY
TITUSVILLE FL 32796**

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 the corporation

(NOTE: Registered Agent's signature required when registering)

(DATE)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PSD

☐ DELETE

NAME

**PARRISH, III JJ
1013 INDIAN RIVER AVE.
TITUSVILLE FL**

STREET ADDRESS

CITY-ST-ZIP

TITLE

VTD

☐ DELETE

NAME

**PARRISH, BETTY P.
909 INDIAN RIVER AVE.
TITUSVILLE FL**

STREET ADDRESS

CITY-ST-ZIP

TITLE

VO

☒ DELETE

NAME

**SALVESON, ROBERT E.
3688 MUIRFIELD DRIVE
TITUSVILLE FL**

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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NAME

STREET ADDRESS

CITY-ST-ZIP

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

J.J. Parrish III

J.J. PARRISH III, PRESIDENT

4/19/96

(407) 267-1831

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(DATE)

(DAYTIME PHONE #)

CR2E034 (12/95)