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PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 26, 1999 8:00 am
Secretary of State
02-26-1999 90010 044 ***150.00

DOCUMENT # 625303

1. Corporation Name
RIVER GROVE, INC.

Principal Place of Business	Mailing Address
PO BOX 2077 OCALA FL 32678	PO BOX 2077 OCALA FL ~~32678~~ 34478

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 06/08/1979

4. FEI Number: 59-1913198 ☐ Applied For ☐ Not Applicable

5. Certifcate 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	2a. Mailing Address
21 1609 S.E 3rd Ave	26 P.O. Box 2077
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Ocala, Fl	28 Ocala, Fl. 34
24 Zip 34471 25 Country Marion	29 Zip 34478 30 Country U.S.A

9. Name and Address of Current Registered Agent

DARLEY, ONEIDA L.
1609 SE 3RD AVE
PO BOX 2077 (MAIL)
OCALA FL 32678

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, JAMES H. II		1.2 NAME	
STREET ADDRESS	721 SE 15TH AVE		1.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL		1.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, LOUISE		2.2 NAME	
STREET ADDRESS	721 SE 15TH AVE		2.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL		2.4 CITY-ST-ZIP	
TITLE	STD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	DARLEY, ONEIDA L.		3.2 NAME	
STREET ADDRESS	2108 SE 7TH ST		3.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL		3.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, JAMES H. III		4.2 NAME	
STREET ADDRESS	1330 SE 15 AVE		4.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (11/98)

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: Oneida L. Darley ONEIDA L. DARLEY 1-6-98 352 622-1220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #