

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

CORPORATION
ANNUAL REPORT
1995



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

AND
FILED

95 MAY -1 PM 6: 02

DOCUMENT # H36251 (7)

1. Corporation Name

RIVER CITY SUPPLY, INC.

Principal Place of Business

Mailing Address

6580 COMMONWEALTH AVENUE
JACKSONVILLE, FL. 32205

P.O. BOX 37264
JACKSONVILLE, FL.
32236-7264

500001476715
-05/05/95--01009--003
***300.00 ***200.00
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		3a. Date of Last Report	
21		26		59-2479990		12/27/1984	
22 Suite, Apt #, etc		27 Suite, Apt #, etc		5. Certificate of Status Desired		Applied For	
23 City & State		28 City & State		6. Election Campaign Financing		Not Applicable	
24 Zip		29 Country		Trust Fund Contribution		\$8.75 Additional Fee Required	
25		30		7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes		\$5.00 May Be Added to Fees	
				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SHIRLEY J. MATHIS 6580 COMMONWEALTH AVE. JACKSONVILLE, FL. 32205				81 Name J. DWAYNE MATHIS			
				82 Street Address (P.O. Box Number is Not Acceptable) 6580 COMMONWEALTH AVE.			
				83			
				84 City JACKSONVILLE			
				FL		85 Zip Code 32205	

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 re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C/P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	J. DWAYNE MATHIS	1.2 NAME	
STREET ADDRESS	6580 COMMONWEALTH AVE.	1.3 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE, FL. 32205	1.4 CITY ST ZIP	
TITLE	D/S/T	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHIRLEY J. MATHIS	2.2 NAME	
STREET ADDRESS	6503 RIVER POINT DRIVE	2.3 STREET ADDRESS	
CITY ST ZIP	GREEN COVE SPRINGS, FL. 32043	2.4 CITY ST ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY ST ZIP		3.4 CITY ST ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY ST ZIP		4.4 CITY ST ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		6.4 CITY ST ZIP	

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 recorder or my duly 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 my address.

SIGNATURE: *J. Dwayne Mathis* Date: April 25, 1995, 904-695-2335
J. DWAYNE MATHIS, PRESIDENT