FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J96184 1. Corporation Name

RIVERLAND REALTY, INC.

Principal Pla	ce of Business	

FILED Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90040 017 ***150.00



Principal Place	e of Business	Mailing Address			4 IMMATCO MITO LOLIA OLINI SIERI INI	14 0101 01011 01011 0	IBIL BITTI TI	W11 W1911 1991	
7740 SOUTH HI	GHWAY 41	7740 S. HWY, 41							
DUNNELLON FL 34432 DUNNELLON FL 34432 US US				DO NOT WRITE IN THIS SPACE					
					3. Date Incorporated or Qualifed				
					09/30/1987				
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number			olied For	
21		26			59-2887604			Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	_ \$	8.75 A Fee Red		
City & State	e	City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 (
Zip	Country	Zip	Count	ry	8. This corporation owes the curre	ent vear Intang	ible		
24	25	29	30	•	Personal Property Tax.			□No \	
	9. Name and Address of Curre				10. Name and Address of New F	tegistered Age	ent-	حمسننتح	
	The same of the sa	V	8	1 Name					
VAN	WYCK, WILBUR D.			1 Charles A 1 1	Top (D.O. Pay Number in Not Assessed	hle)			
	W. VIRGINIS DR.		8	∠ Street Add	iress (P.O. Box Number is Not Accepta	ress (P.O. Box Number is Not Acceptable)			
	NELLON FL 34434		8	3					
55,			8	4 City			35 Zip C	ode	
	4					FL			
office or r	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was at ations of, Section 607.0505, Flor	uthorized b ida Statute	y the corporati	poration submits this statement for the ion's board of directors. I hereby accept	ot the appointme	ent as reg	jistered	
	Signature, typed or printed name of registered age		Registered Ag	jent signature requir	ed when reinstating) ADDITIONS/CHANGES TO OF		DIRECTO	RS IN 12	
12.		ND DIRECTORS DELETE	1,1 TITLE	:	ADDITIONO/OTENIOZO TO OT] Change	Addition	
TITLE	PD	المال المال	1.2 NAME			_			
NAME	VANWYCK, WILBUR D.			ET ADDRESS					
STREET ADDRESS	1208 W. VIRGINIS DR		1	l l					
CITY-ST-ZIP	DUNNELLON FL	DELETE	1.4 CITY				Change	Addition	
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NAME			2.2 NAMI	- 1					
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NAME					-				
STREET ADDRESS			E .	ET ADDRESS				j	
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NAME)	_		i					
STREET ADDRESS				ET ADDRESS				Ì	
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NAME				ET ADDRESS					
STREET ADDRESS			1	- I				ļ	
CITY-ST-ZIP		☐ DELETE	5.4 CITY 6.1 TITLE				Change	Addition	
TITLE		☐ DETELE	6.2 NAM				Juliango		
NAME									
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP	,		6.4 CITY	-ST-ZIP					

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:

CITY-ST-ZIP

RETURBUN VANWYCK