2-15-95 B-6237-C

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 15 PM 3:05

DOCUMENT # P94000085978 (2)

1. Corporation Name
RIVERWAY DEVELOPMENT CORP.

Principal Place of Business
1221 E. NEW HAVEN AVE.
MELBOURNE FL 32901

Mailing Address
1221 E. NEW HAVEN AVE.
MELBOURNE FL 32901

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/28/1994
3a. Date of Last Report:

2. Principal Place of Business
21 1601 Plover Ln
Suite, Apt. #, etc.
22
City & State
23 Rockledge Fla
24 Zip 32955
25 Country USA

2a. Mailing Address
26 1601 Plover Ln
Suite, Apt. #, etc.
27
City & State
28 Rockledge Fla
29 Zip 32955
30 Country USA

4. FEI Number 57-101-4169 — Applied For / Not Applicable
5. Certificate 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
MOSLEY, CURTIS R
1221 E. NEW HAVEN AVE.
MELBOURNE FL 32901

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

12. OFFICERS AND DIRECTORS

TITLE	D Pres.
NAME	JONES, JACK
STREET ADDRESS	1221 E. NEW HAVEN AVE.
CITY-ST-ZIP	MELBOURNE FL 32901
TITLE	Sec.
NAME	Jones, Herman
STREET ADDRESS	521 32nd Ave North
CITY-ST-ZIP	Myrtle Beach, S.C. 29568
TITLE	Treasurer
NAME	Thompson, Jerry
STREET ADDRESS	1601 Star Bluff Rd
CITY-ST-ZIP	Longs SC 29568
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 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: _____ 1-23-95 - 803.272-4859
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000001 CR