

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 # P94000085978 (2)

1. Corporation Name

RIVERWAY DEVELOPMENT CORP.



Principal Place of Business

161 PLOVER LN
ROCKLEDGE FL 32955
US

Mailing Address

161 PLOVER LN
ROCKLEDGE FL 32955
US

3. Date Incorporated or Qualified

11/28/1994

3a. Date of Last Report

02/15/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-1014169

Applied For

Not Applicable

22

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

23

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

24

8. This corporation has liability for intangible tax under s 199.032,
Florida Statutes ☐ Yes ☐ No

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MOSLEY, CURTIS R
1221 E. NEW HAVEN AVE.
MELBOURNE FL 32901

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 agent 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 not applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME JONES, JACK
STREET ADDRESS 1221 E. NEW HAVEN AVE.
CITY-ST-ZIP MELBOURNE FL

TITLE ☐ DELETE

NAME JONES, HERMAN
STREET ADDRESS 521 32ND AVE NORTH
CITY-ST-ZIP MYRTLE BEACH SC

TITLE ☐ DELETE

NAME THOMPSON, JERRY
STREET ADDRESS 1661 STAR BLUFF RD
CITY-ST-ZIP LONGS SC

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

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:

Donna T. Causey
Donna T. Causey 1-31-96 407-631-4222
VP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)