FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # 158286

1. Corporation Name
Riverside Terminal, Inc.
P.O. Drawer 1407
Tavernier, Florida 33070

Principal Place of Business
93351 Overseas Hwy.
Tavernier, Florida 33070

Mailing Address
P.O. Drawer 1407
Tavernier, Florida 33070

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 6/14/1949
3a. Date of Last Report: 4/20/94

2. Principal Place of Business
21 93351 OVERSEAS HWY.
Suite, Apt. #, etc. 22 OG
City & State 23 TAVERNIER, FL.
Zip 24 33070 County 25 MONROE

2a. Mailing Address
26 P.O. DRAWER 1407
Suite, Apt. #, etc. 27 -
City & State 28 TAVERNIER, FL
Zip 29 33070 County 30 MONROE

4. FEI Number: 59-0879545 ☐ 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
MOODY, C. OSMENT
~~P.O. DRAWER 1407~~
131 SEASIDE AVENUE
~~TAVERNIER, FLORIDA 33070~~
KEY LARGO, FLORIDA 33037

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	D/P	11 TITLE	☐ Change ☐ Addition
NAME	[redacted], ISABELLE B.	12 NAME	
STREET ADDRESS	MOODY, 131 SEASIDE AVE.	13 STREET ADDRESS	
CITY-ST-ZIP	KEY LARGO, FLORIDA 33037	14 CITY-ST-ZIP	
TITLE	C/D	21 TITLE	☐ Change ☐ Addition
NAME	MOODY, C. OSMENT	22 NAME	
STREET ADDRESS	131 SEASIDE AVE	23 STREET ADDRESS	
CITY-ST-ZIP	KEY LARGO, FLORIDA 33037	24 CITY-ST-ZIP	
TITLE	D/V/P	31 TITLE	☐ Change ☐ Addition
NAME	MOODY, THOMAS O.	32 NAME	
STREET ADDRESS	11799 GRAY WAY	33 STREET ADDRESS	
CITY-ST-ZIP	WESTMINSTER, CO. 80020	34 CITY-ST-ZIP	
TITLE	D/S/T	41 TITLE	☐ Change ☐ Addition
NAME	SHELDON, PAMELA	42 NAME	
STREET ADDRESS	1050 CONKLIN ROAD	43 STREET ADDRESS	
CITY-ST-ZIP	JONESBOROUGH, TN. 37659	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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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)(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.

SIGNATURE: Isabelle B. Moody 4/4/95 305-852-9682
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
ISABELLE B. MOODY PRESIDENT 305-852-9682