

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 203922 (0)

1. Corporation Name

RIVA CORPORATION



12604 NEBRASKA AVENUE
TAMPA FL 33612

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TAMPA FL 33612

2. Principal Place of Business

21 2401 VANDERVORT RD

2a. Mailing Address

26 2401 VANDERVORT RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 LUTZ FLA

City & State

28 LUTZ FLA

Zip

24 33549

Country

25 HILLSBORO

Zip

29 33549

Country

30 HILLSBORO

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/29/1957

3a. Date of Last Report

04/17/1995

4. FEL Number

59-6070406

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

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

10. Name and Address of New Registered Agent

81 Name

NORMAN F. KNAPP

82 Street Address (P.O. Box Number is Not Acceptable)

311 HOFFMAN BLVD

83

84

TAMPA

FL

85 Zip Code

33612

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

Norman F. Knapp

5-30-96

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ~~DECEASED~~ ☒ DELETE
NAME KNAPP, ROY A 3/29/96
STREET ADDRESS 2401 VANDERVORT RD.
CITY-ST-ZIP LUTZ FL

TITLE DV ☒ DELETE
NAME KNAPP, NORMAN F
STREET ADDRESS 311 E HOFFMAN BLVD
CITY-ST-ZIP TAMPA FL

TITLE DST ☐ DELETE
NAME SMITH, MARY LOWRY
STREET ADDRESS 5020 BAY SHORE BLVD #205
CITY-ST-ZIP TAMPA FL

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 PD ~~DECEASED~~ ☒ Change ☐ Addition
1.2 NAME KNAPP, NORMAN F
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:

Norman F. Knapp

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-30-96-9350353

DATE

DATE/TIME PHONE #

CR2E034 (12/95)