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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

RILEY-KIRBY CO

(2)

## **FILED** Apr 30 1998 8:00am Secretary of State



Principal Place of Business Mailing Address									T 196116 11090 (110) JOING JOING JOING JOIN BIBH: BIBH: BIBH BIBH BIBH BIBH BIBH BI				
942 MELBA ST 942 MELBA ST													
	ACKSONVILL				JACKSONVILLE FL 32205				DO NOT WRITE IN THIS SPACE				
								:	3. Date Incorporated or Qualified 07/08/1960				
2. 21	Principal Pl	ace of Busin	1088	2a. Mailing Add	2a. Mailing Address				4. FEI Number 59-0904929			pplied For at Applicable	
	Suite, Apt. #, etc.			Suite, Apt.	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 Additional Fee Required		
	City & State			City & State	City & State				Election Campaign Financing     Trust Fund Contribution		\$5.00 May Be Added to Fees		
	Zip					Country	Country  8. This corporation owes or has paid the current year Intangible						
24	·		25	29	30	]			Personal Property Tax due June			] No	
- 11	9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent						
	RILEY,CLAYTON F											į	
	942 MELBA ST							treet Addres	ddress (P.O. Box Number is Not Acceptable)				
	JACKSONVILLE FL 32205												
						84	c	ity		FL	<b>85</b> 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 against and stide if applicable (NOTE: Registered Agent signature required when reinstating) DATE													
12	•		OFFICE	RS AND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFIC				
tm	LE	SD			DELETE	1.1 TITLE		SI		×	] Change	Addition	
NA	ME		, LINDA S.			1.2 NAME		D1	colsom, Linda S.*			-	
STA	REET ADDRESS 942 MELBA ST				. 1.3 STREET A			RESS 94	12 Melba St.			Ì	
СП	Y-ST-ZIP		ONVILLE, FL 00			1.4 CITY - 5	ST - ZU	P J.	cksonville, FL	32205			
TITI	LE	PO			DELETE	2.1 TITLE				L.	] Change	Addition	
NA	ME		CLAYTON F			2.2 NAME							
STR	REET ADDRESS		LBA ST	•••		2.3 STREET	ADD	DRESS					
CIT	Y-ST-ZIP		ONVILLE, FL 00			2. 4 CITY-	ST-Z	IP .			1	1 4 4 4 9 9 9 9	
TITI	LE	VD			DELETE	3.1 TITLE				L.	] Change	Addition	
W	ME		PAUL E.			3.2 NAME							
STF	REET ADDRESS		ELBA ST	•••		3.3 STREET						1	
	Y-ST-ZIP	JACKS	ONVILLE, FL 00		NEI EXE	3.4 CITY-	ST-Z	iP		<del></del>	Change	Addition	
TIT				LJ	DELETE	4.1 TITLE				L	i nivalihe		
NA	ME					4. 2 NAME							
	REET ADDRESS					4.3 STREET		1					
_	Y-ST-ZIP				DELETE	4.4 CITY-!	ST - 71	P			Change	Addition	
TIT				Ш	DELETE	5.1 TITLE				L	1 cuende	☐ V@Mtoll	
NAJ						5.2 NAME							
STF	EET ADDRESS					5.3 STREET							
	Y-ST-ZIP			····	DELETE	5.4 CITY - S	ST - 20	P		·	Change	Addition	
TET					DELETE	6.1 TITLE				L	n cualite	ריין אטטונוטא	
NAI						6.2 NAME							
STF	EET ADDRESS	3				6.3 STREET						1	
СП	Y-ST-ZIP					6.4 CITY-	ST - ZI		estice 110 07/9/i) Elecide Statutes I	futbor corti	fu that the	information	

Thereby 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 informatio 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 ghanged, or on an altaebgrent with an address.

\*Name Change