

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)**

**APPROVED  
AND  
FILED**

97 JUL 18 AM 9:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 247722 (2)**

1. Corporation Name  
**RIVER RETREATS, INC.**



Principal Place of Business <b>3RD ST., W. - AVENUE D. NORTH HARBOR BREEZE CARRABELLE FL 32322 US</b>	Mailing Address <b>P. O. BOX 645 3RD ST., W. - AVENUE D NORTH CARRABELLE FL 32322 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip Country	28. Zip Country
24. Zip	29. Zip
25. Country	30. Country

3. Date Incorporated or Qualified <b>05/20/1961</b>	3a. Date of Last Report <b>06/13/1996</b>
4. FEI Number <b>59-1470733</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**HARDY, RALPH E.  
3RD ST. WEST & AVENUE D NORTH  
CARRABELLE FL 32322**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating.) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		
TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>HARDY, RALPH</b>	
STREET ADDRESS	<b>3RD ST WEST &amp; AVE D NORTH, P O BOX 645 N/A</b>	
CITY-ST-ZIP	<b>CARRABELLE FL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>HARDY, BRIAN S.</b>	
STREET ADDRESS	<b>3RD ST WEST &amp; AVE D NORTH, P O BOX 645 N/A</b>	
CITY-ST-ZIP	<b>CARRABELLE FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>HARDY, CATHERINE</b>	
STREET ADDRESS	<b>3RD ST WEST - AVE D NORTH, P O BOX 654 N/A</b>	
CITY-ST-ZIP	<b>CARRABELLE FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>HARDY, TAMMI L.</b>	
STREET ADDRESS	<b>3RD ST. WEST AND AVE. D N., PO BOX 645</b>	
CITY-ST-ZIP	<b>CARRABELLE FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>700002245907--0</b>	
2.3 STREET ADDRESS	<b>-07/23/97--01125--016</b>	
2.4 CITY-ST-ZIP	<b>****165.00 ****165.00</b>	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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 *Ralph E. Hardy* DATE *7/18/97*

CR2E034 (4/97)