

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


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Jan 20, 1999 8:00am
Secretary of State

01-20-1999 90001 050 ***150.00



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 247722 1. Corporation Name RIVER RETREATS, INC.					
Principal Place of Business 3RD ST.. W. - AVENUE D. NORTH HARBOR BREEZE CARRABELLE FL 32322 US			Mailing Address P. O. BOX 645 3RD ST.. W. - AVENUE D NORTH CARRABELLE FL 32322 US		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		05/20/1961	
22 City & State		27 City & State		4. FEI Number	
23 Zip Country		28 Zip Country		59-1470733	
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3. Date Incorporated or Qualified	
05/20/1961	
4. FEI Number	Applied For
59-1470733	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing	\$5.00 May Be Added to Fees
Trust Fund Contribution	
<input type="checkbox"/>	
8. This corporation owes the current year Intangible Personal Property Tax.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

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 agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARDY, RALPH	1.2 NAME	
STREET ADDRESS	3RD ST WEST & AVE D NORTH, P O BOX 645 N/A	1.3 STREET ADDRESS	
CITY-ST-ZIP	CARRABELLE FL	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARDY, BRIAN S	2.2 NAME	
STREET ADDRESS	3RD ST WEST & AVE D NORTH, P O BOX 645 N/A	2.3 STREET ADDRESS	
CITY-ST-ZIP	CARRABELLE FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARDY, CATHERINE	3.2 NAME	
STREET ADDRESS	3RD ST W AVE D NORTH, P O BOX 645	3.3 STREET ADDRESS	
CITY-ST-ZIP	CARRABELLE FL	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARDY, TAMMI L	4.2 NAME	
STREET ADDRESS	3RD ST. WEST AND AVE. D N., PO BOX 645	4.3 STREET ADDRESS	
CITY-ST-ZIP	CARRABELLE FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: Katherine Harris DATE: 1-4-99 (850) 697-2886

CR2E034 (11/98)