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Feb 11 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 277118 (6)

1. Corporation Name  
RIGGS INCORPORATED

Principal Place of Business  
600 DATURA STREET  
WEST PALM BEACH FL 33401  
US

Mailing Address  
P.O. BOX 2440  
WEST PALM BEACH FL 33402-2440  
US



3. Date Incorporated or Qualified 01/03/1964	3a. Date of Last Report 04/19/1996
4. FEI Number 59-1030366	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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	29
25	30

9. Name and Address of Current Registered Agent  
RIGGS, THOMAS P., III  
600 DATURA ST  
WEST PALM BCH FL 33402

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
	FL

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 Thomas P. Riggs, III (NOTE: Registered Agent signature required when reinstating) DATE 2/6/97

12. OFFICERS AND DIRECTORS	
TITLE	VP <input type="checkbox"/> DELETE
NAME	RIGGS, ELIZABETH R.
STREET ADDRESS	600 DATURA ST
CITY-ST-ZIP	WEST PALM BCH FL
TITLE	D <input type="checkbox"/> DELETE
NAME	RIGGS, PAULA L
STREET ADDRESS	600 DATURA ST
CITY-ST-ZIP	WEST PALM BCH FL
TITLE	PD <input type="checkbox"/> DELETE
NAME	RIGGS, III THOMAS P
STREET ADDRESS	600 DATURA ST
CITY-ST-ZIP	WEST PALM BCH FL
TITLE	STD <input type="checkbox"/> DELETE
NAME	RIGGS, MARGARET H
STREET ADDRESS	600 DATURA ST
CITY-ST-ZIP	WEST PALM BCH FL
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	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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: Margaret H. Riggs MARGARET H. RIGGS, 2/6/97

CR2E034 (9/96)