

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

FILED
May 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **290140** (3)
1. Corporation Name
W.T. RILEY, INC.



Principal Place of Business
**16405 SW 228 STREET
GOULDS FL 33170**

Mailing Address
**16405 SW 228 STREET
GOULDS FL 33170**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 8420 N.W. STATE RD 45 Suite, Apt. #, etc.		2a. Mailing Address 26 8420 N.W. STATE RD 45 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 02/22/1965	
22 City & State 23 HIGH SPRINGS FLA		27 City & State 28 HIGH SPRINGS FLA		4. FEI Number 59-1787371	
24 Zip 32655		25 Country ALACHUA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
29 Zip 32655		30 Country ALACHUA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent RILEY, W. T. 16405 SW 228TH ST. GOULDS FL 33170				10. Name and Address of New Registered Agent 81 Name RILEY W.T. 82 Street Address (P.O. Box Number is Not Acceptable) 8420 N W STATE RD 45 83 84 City HIGH SPRINGS FL 85 Zip Code 32655	

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		
TITLE	PD RILEY, W. T. 16405 SW 228TH ST. GOULDS FL	<input type="checkbox"/> DELETE
TITLE	SD BATTEN, ELIZABETH RILEY 19310 SW 292 ST HOMESTEAD FL	<input type="checkbox"/> DELETE
TITLE	TD RILEY, W S 16405 SW 228 ST GOULDS FL	<input type="checkbox"/> DELETE
TITLE		<input type="checkbox"/> DELETE
TITLE		<input type="checkbox"/> DELETE
TITLE		<input type="checkbox"/> DELETE
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 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 in an attachment with an address.

SIGNATURE:  **W.T. RILEY** PRES **4/16/98** **904-454278**

CR2E034 (10/97)