## 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 #

290140

(3)

W.T. RILEY, INC.

Mailing Address

Principal Place of Business 16405 SW 228 STREET GOULDS FL 33170

16405 SW 228 STREET

## FILED May 05 1998 8:00am Secretary of State



2. Principal Place of Business 2. Mailing Address 3. Date Incorporated or Qualified 02/22/1965  2. Principal Place of Business 2. Mailing Address 3. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 3. Country 3. Suite, Apt. #, etc. 4. Set Suite, Apt. #, etc.	GOULDS FL 3	33170	GOULDS FL 33170		DO NOT WRITE IN THIS	SPACE	
2. Principal Place of Business 28. Mailing Address 29. Mailing Address 20. Mailing Address 20. Mailing Address 20. Mailing Address 20. Suite, Apt. #, etc. 20. Suite, Apt. #, etc. 20. Suite, Apt. #, etc. 21. Suite, Apt. #, etc. 22. Suite, Apt. #, etc. 23. Suite, Apt. #, etc. 24. Suite, Apt. #, etc. 25. Certificate of Status Desired							
21 8430 N.W STATE & 45 26 8430 N.W STATE & 45 59-1787371 Not Applicable  Suite, Apt. #, etc.  22 Suite, Apt. #, etc.  23 Suite, Apt. #, etc.  25 City & State 26 Status Desired  City & State 27 City & State 28 State 28 State 29 State 29 State 20 State 20 State 20 State 20 State 21 State 22 State 23 State 24 332655 25 ALACHUA 28 State 28 State 29 State 20 State 20 State 20 State 21 State 22 State 23 State 24 332655 30 ALACHUA 25 State 26 State 27 State 27 State 28 State 28 State 28 State 29 State 29 State 20 State 20 State 20 State 21 State 22 State 23 State 24 State 25 State 26 State 27 State 28 Stat					02/22/1965		
Suite, Apt. #, etc.    Suite, Apt. #, etc.			2a. Mailing Address		_	Applied For	
27 City & State 28				STATE RA 45	59-1787371	Not Applicable	
City & State   28		#, etc.	<del></del>		5. Certificate of Status Desired	•	
ZID COUNTY 27  COUNTY 28  COUNTY 29  326 55  30  ALACHUA 29  29  326 55  30  ALACHUA 29  29  326 55  30  ALACHUA 29  29  20  20  20  20  20  20  20  20	City & State			04466 /=10	6. Election Cempaign Financing		
24 32655 25 ALACHIVA 28 32655 30 ALACHIVA Personal Property Tax due June 30. Yes No  8. Name and Address of Current Registered Agent  RILEY, W. T.  18405 SW 228TH ST.  GOULDS FL 33170  82 Street Address (P.O. Box Number is Not Acceptable)  83 ALACHIVA Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent  84 Name  10. Name and Address of New Registered Agent  85 Street Address (P.O. Box Number is Not Acceptable)  86 Street Address (P.O. Box Number is Not Acceptable)  87 ADDITIONS FL B5 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  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 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 4 apprintable  (NOTE: Registered Agent signature required when rehabiting)  DATE  12. OFFICERS AND DIRECTORS IN 12  TITLE PD  DELETE 1.1 TITLE  Change Addition	20		20, 100		Trost Forta Continipation		
RILEY, W. T.  18405 SW 228TH ST.  GOULDS FL 33170  82 Street Address (P.O. Box Number is Not Acceptable)  83 STATE  19 Street Address (P.O. Box Number is Not Acceptable)  84 City NIGH SPRINGS FL B5 Zip Code			├─ クヘノぐぐ	A i A a 1194			
RILEY, W. T.  1640\$ \$W 228TH \$T.  GOULDS FL 33170  82 Street Address (P.O. Box Number is Not Acceptable)  83   84 City   Spans Street Agent Street Agent submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of. Section 607.0505, Florida Statutes. The above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of. Section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  PD  RILEY, W. T.  1.2 NAME	24 320		11	30 7 100			
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 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 bitled applicable. (NOTE: Registered Agent signature required when reinsteiting)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE PD DELETE 1.1 TITLE  NAME  RILEY, W. T.	Di)	<del></del>		81 Name			
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SIGNATURE Signature: typod or prinkd 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 PD DELETE 1.1 TITLE  NAME RILEY, W. T. 1.2 NAME	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						
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12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE PD DELETE 1.1 TITLE  NAME RILEY, W. T. 1.2 NAME	SIGNATURE Signature tripled controlled general and title 4 applicable (NOTE: Registered Agent signature required when reinstating)  DATE						
TITLE PD DELETE 1.1 TITLE Change Addition  NAME RILEY, W. T. 1.2 NAME			<del></del>			D DIRECTORS IN 12	
		PD	DELETE	1.1 TITLE		Change Addition	
AA AAR AND AAARI AAR	NAME	RILEY, W. T.		1.2 NAME			
STREET ADDRESS 16405 SW 228TH ST. 1.3 STREET ADDRESS	STREET ADDRESS	16405 SW 228TH ST.		1.3 STREET ADDRESS			
CITY-ST-ZIP GOULDS FL 1.4 CITY-ST-ZIP	CITY-ST-ZIP			1.4 CITY - ST - ZIP			
TITLE SD DELETE 2.1 TITLE Change Addition	TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition	
NAME BATTEN, ELIZABETH RILEY 22 NAME				•			
STREET ADDRESS 19310 SW 292 ST 23 STREET ADDRESS 23 STREET ADDRESS	STREET ADDRESS			1			
CITY-ST-ZIP   HOMESTEAD FL   2 4 CITY-ST-ZIP			DELETE			Change Addition	
NAME RILEY, W S 32 NAME 33 STREET ADDRESS 16405 SW 228 ST 3.3 STREET ADDRESS							
001100 5							
CITY-ST-ZIP         GUULUS FL         3.4. CITY-ST-ZIP           TITLE         DELETE         4.1 TITLE         Change         Addition		GOOLOGIE	DELETE			☐ Change ☐ Addition	
NAME 1.4.2 NAME	-	:	Lad The Control of th	l i		_ • _	
STREET ADDRESS 4.3 STREET ADDRESS				4.3 STREET ADDRESS			
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CITY-ST-ZIP  6.4 CITY-ST-ZIP  6.4 CITY-ST-ZIP  14. 1 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	CITY-ST-ZIP		h this filing slock and are 198 - 8.		Contine 110.07/9/() Elevide Statutes 1 further of	partify that the information	

1. 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 informatic indicated on this annual report or suppliemental 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 on the attachment with an address.

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4/26/98

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