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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 409179

1. Corporation Name

**RIVER LAKES CORP** 

| Principal Place of Business   Mailing Address   US   |                 |  |                                  |                                    |  |   |
|--|-----------------|--|----------------------------------|------------------------------------|--|---|
| CCALA FL 13415 US US US US US DO NOT WRITE IN THIS SPACE  3. Data Incorporated or Qualified 09/20/1973 09/20/1973 21 22 2. Principal Place of Business 22 2. Suite, Apt. #, etc. 23 Suite, Apt. #, etc. 24 27 City & State 27 City & State 28 29 Country 29 20 20 20 21 20 20 20 20 20 20 20 20 20 20 20 20 20   | Principal Place | of Business  | Mailing Address                  |                                    |  | 11 81811 91811 81811 81811 81811 1001                 |
| 2. Principal Place of Business   |                 |  |                                  |                                    |  |   |
| Springial Place of Business   2a, Malling Address   2a   Malling A   | U\$ US          |  | US                               |                                    |  | IIS SPACE   |
| 21   |                 |  |                                  |                                    | 1  |   |
| Suite, Apt, #, etc.   Suite, Apt, #, etc.   27   27   27   27   27   27   27   2   | 2. Principal Pl | ace of Business  | 2a. Mailing Address              |                                    | 4. FEI Number  | Applied For   |
| 27   27   27   27   27   28   28   28  | 21              |  | 26                               |                                    | 59-15023 <u>45</u>   |   |
| City & State   | _               | #, etc.  | <u> </u>                         |                                    | 5. Certificate of Status Desired   | <b>4</b>  |
| Zip  |                 |  |                                  |                                    | 6. Election Campaign Financing —   | \$5.00 May Be   |
| Zip  | — ·             |  | 28                               |                                    | 1  |   |
| 9. Name and Address of Current Registered Agent  FIRST UNION NATIONAL BANK 109 W SILVER SPRINGS BLVD OCALA FL 34470  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 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 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, 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, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept 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, or both, in the State of Florida. Statutes.  12. OFFICERS AND DIRECTORS IN 12  12. OFFICERS AND DIRECTORS IN 12  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  14. City - State - Addition - Additio |                 | Country  |                                  | Country                            | 8. This corporation owes the current year  | Intangible  |
| FIRST UNION NATIONAL BANK 109 W SILVER SPRINGS BLVD OCALA FL 34470  82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)  84 City FL 85 Zip Code  85 City FL 85 Zip Code  86 City FL 85 Zip Code  87 Zip Code  88 Zip Code  89 Zip Code  80 | 24              | 25   | 29 3                             | 0                                  | Personal Property Tax.   | ☐ Yes ☐ No  |
| FIRST UNION NATIONAL BANK 109 W SILVER SPRINGS BLVD  OCALA FL 34470  82 Street Address (P.O. Box Number is Not Acceptable)  84 City  85 City  86 City  87 City  88 Ci |                 |  |                                  |                                    | 10. Name and Address of New Register   | ad Agent  |
| 109 W SILVER SPRINGS BLVD OCALA FL 34470  82   Street Address (P.O. Box Number is Not Acceptable)  83   Street Address (P.O. Box Number is Not Acceptable)  84   City  |                 |  | <del></del>                      | 81 Name                            |  |   |
| OCALA FL 34470    84   |                 |  |                                  | 82 Street Addre                    | ess (P.O. Box Number is Not Acceptable)  |   |
| 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 approximent as registered agent, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE    Signature, hoped or printed name of registered agent and title if applicable   (NOTE: Registered Agent agent agent and title if applicable   (NOTE: Registered Agent ag |                 |  |                                  | 83                                 |  |   |
| 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, 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, 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, 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, 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, or board of directors. I hereby accept the appointment as registered agent, or board of directors. I hereby accept the appointment as registered agent, or board of directors. I hereby accept the appointment as registered agent, or board of directors. I hereby accept the appointment as registered agent, or board of directors. I hereby accept the appointment as registered agent, or board of directors. I hereby accept the appointment as registered agent, or board of directors. I hereby accept the appointment as registered agent and stored  | 007             | B. ( C 0 7 7 7 0   |                                  | 65                                 |  |   |
| office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I nereby accept the appointment as registered agent and title agent and state of registered agent and state of speciated part and state of speciated agent and state of speciate |                 |  |                                  | 84 City                            | F  | L 85 Zip Code   |
| 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE PD STD DELETE 2: NAME  STREET ADDRESS STREET ADDRESS 1901 W. SILVER SPGS BLVD OCALA FL  TITLE STD DELETE 3: NITLE  NAME LUFFMAN, JULIA B.  STREET ADDRESS STRE | office or re    | agistered agent or both in the State of  | f Florida. Such change was auti  | horized by the corporatio          | oration submits this statement for the purpose<br>in's board of directors. I hereby accept the app | of changing its registered<br>pointment as registered |
| 12.  |                 | Signature, byoed or printed name of registered agent :   | and title if applicable (NOTE: R | egistered Agent signature required | d when reinstating) DATE   |   |
| NAME   | )               |  |                                  | 13.                                | ADDITIONS/CHANGES TO OFFICERS  | AND DIRECTORS IN 12                                   |
| STREET ADDRESS   MAIN ST AND LEMON AVE.  | TITLE           | PD   | ☐ DELETE                         | 1.1 TITLE                          |  | ☐ Change ☐ Addition                                   |
| STREET ADDRESS   MAIN ST AND LEMON AVE.  | NAME            | FLETCHER, ELIZABETH  |                                  | 1.2 NAME                           |  |   |
| CITY-ST-ZIP  | STREET ADDRESS  |  |                                  | 1.3 STREET ADDRESS                 |  |   |
| TITLE  |                 | HERNANDO FL  |                                  | 1.4 CITY-ST-ZIP                    |  |   |
| NAME   BROWN, CONNIE E.   22 NAME   23 STREET ADDRESS   1901 W. SILVER SPGS BLVD   23 STREET ADDRESS   CITY-ST-ZIP   OCALA FL   2.4 CITY-ST-ZIP  |                 |  | ☐ DELETE                         |                                    |  | Change Addition                                       |
| STREET ADDRESS   1901 W. SILVER SPGS BLVD   2.3 STREET ADDRESS   OCALA FL   2.4 city-st-zip  | NAME            | - <del>-</del>   |                                  | 2.2 NAME                           |  |   |
| CITY-ST-ZIP         OCALA FL         2.4 CITY-ST-ZIP           TITLE         STD         SEED DELETE         3.1 TITLE         Change         Addition           NAME         LUFFMAN, JULIA B.         32 NAME         109 W SILVER SPRINGS BLVD         33 STREET ADDRESS         CITY-ST-ZIP         Change         Addition           CITY-ST-ZIP         DELETE         4.1 TITLE         Change         Addition           NAME         4.2 NAME         4.2 NAME         4.3 STREET ADDRESS           CITY-ST-ZIP         4.4 CITY-ST-ZIP         Change         Addition           TITLE         DELETE         5.1 TITLE         Change         Addition           NAME         DELETE         5.1 TITLE         Change         Addition  |                 | The state of the s |                                  | 2.3 STREET ADORESS                 |  |   |
| TITLE         STD         Male DELETE         3.1 TITLE         □ Change         □ Addition           NAME         LUFFMAN, JULIA B.         32 NAME         109 W SILVER SPRINGS BLVD         33 STREET ADDRESS           CITY-ST-ZIP         OCALA FL         34. CITY-ST-ZIP         □ Change         □ Addition           NAME         4.2 NAME         4.2 NAME         □ Change         □ Addition           STREET ADDRESS         CITY-ST-ZIP         □ Change         □ Addition           TITLE         □ Change         □ Addition           NAME         □ Change         □ Addition           NAME         □ Change         □ Addition           NAME         □ Change         □ Addition   |                 |  |                                  |                                    |  |   |
| NAME   STREET ADDRESS   CITY-ST-ZIP   DELETE   Addition   DELETE   DEL   |                 |  | <b>⊠</b> DELETE                  |                                    |  | Change Addition                                       |
| STREET ADDRESS   109 W SILVER SPRINGS BLVD   3.3 STREET ADDRESS   OCALA FL   3.4 CITY-ST-ZIP   |                 |  |                                  | 3.2 NAME                           |  |   |
| CITY-ST-ZIP         OCALA FL         34.CITY-ST-ZIP           TITLE  |                 |  |                                  | 3.3 STREET ADDRESS                 |  |   |
| TITLE         DELETE         4.1 TITLE         Change         Addition           NAME         4.2 NAME   |                 |  |                                  |                                    |  |   |
| NAME         4.2 NAME           STREET ADDRESS         4.3 STREET ADDRESS           CiTY-ST-ZIP         4.4 CiTY-ST-ZIP           TITLE         □ DELETE         5.1 TITLE         □ Change         □ Addition           NAME         5.2 NAME   |                 | OCALITE  | ☐ DELETE                         |                                    | ·  | Change Addition                                       |
| A3 STREET ADDRESS  |                 |  |                                  |                                    |  | ļ   |
| CiTY-ST-ZIP         4.4 CiTY-ST-ZIP           TITLE         DELETE         5.1 TITLE         Change         Addition           NAME         5.2 NAME   |                 |  |                                  |                                    | •  |   |
| TITLE         DELETE         5.1 TITLE         Change         Addition           NAME         5.2 NAME   |                 |  |                                  |                                    |  |   |
| NAME 5.2 NAME  | 1               |  | DELETE                           | 1 -                                |  | Change Addition                                       |
| IV-VIII.   |                 |  |                                  | 4                                  |  |   |
| STREET ADDRESS   |                 |  |                                  | 5.3 STREET ADDRESS                 |  | ļ   |
| CLOTH AT 70  |                 |  |                                  | 1                                  |  | İ   |
|  | CITY-ST-ZIP     |  | □ OELETE                         | 6.1 TITLE                          |  | ☐ Change ☐ Additioπ                                   |
| Charge Addition  |                 |  | _                                | 6.2 NAME                           |  |   |
|  |                 |  | ☐ DELETE                         |                                    |  | ☐ Change ☐ Addition                                   |
|  | NAME            |  |                                  | 6.2 NAME                           |  |   |

6.4 CITY-ST-ZIP 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 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 of 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 an an attachment with any address, with an other like empowered.

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS