

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 602551

(4)

1. Corporation Name

RIVER RENTAL, INC.

Principal Place of Business

CHEROKEE WAY  
P.O. BOX 258  
HOMOSASSA FL 32687

Mailing Address

CHEROKEE WAY  
P.O. BOX 258  
HOMOSASSA FL 34487  
US



2. Principal Place of Business

2a. Mailing Address

|    |                     |    |                     |
|----|---------------------|----|---------------------|
| 21 | Suite, Apt. #, etc. | 26 | Suite, Apt. #, etc. |
| 22 | City & State        | 27 | City & State        |
| 23 | Zip                 | 28 | Zip                 |
| 24 | Country             | 29 | Country             |

9. Name and Address of Current Registered Agent

VESLEY, DONALD R  
5339 S BLVD  
HOMOSASSA FL 34446

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 607.0503, Florida Statutes.

SIGNATURE

Signature of the person appointed as registered agent and block applicable

Signature of the person appointed as registered agent and block applicable

12. OFFICERS AND DIRECTORS

|                    |                  |                                 |
|--------------------|------------------|---------------------------------|
| 1. TITLE           | D                | <input type="checkbox"/> DELETE |
| 2. NAME            | VESLEY, DONALD R |                                 |
| 3. STREET ADDRESS  | 5339 SOUTH BLVD. |                                 |
| 4. CITY-STATE-ZIP  | HOMOSASSA FL     |                                 |
| 5. TITLE           |                  | <input type="checkbox"/> DELETE |
| 6. NAME            |                  |                                 |
| 7. STREET ADDRESS  |                  |                                 |
| 8. CITY-STATE-ZIP  |                  |                                 |
| 9. TITLE           |                  | <input type="checkbox"/> DELETE |
| 10. NAME           |                  |                                 |
| 11. STREET ADDRESS |                  |                                 |
| 12. CITY-STATE-ZIP |                  |                                 |
| 13. TITLE          |                  | <input type="checkbox"/> DELETE |
| 14. NAME           |                  |                                 |
| 15. STREET ADDRESS |                  |                                 |
| 16. CITY-STATE-ZIP |                  |                                 |

13.

|                    |                                                                   |
|--------------------|-------------------------------------------------------------------|
| 1. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. NAME            |                                                                   |
| 3. STREET ADDRESS  |                                                                   |
| 4. CITY-STATE-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5. TITLE           |                                                                   |
| 6. NAME            |                                                                   |
| 7. STREET ADDRESS  |                                                                   |
| 8. CITY-STATE-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 9. TITLE           |                                                                   |
| 10. NAME           |                                                                   |
| 11. STREET ADDRESS |                                                                   |
| 12. CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13. TITLE          |                                                                   |
| 14. NAME           |                                                                   |
| 15. STREET ADDRESS |                                                                   |
| 16. CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 to this report.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-4-96 352 628-2474

CR2E034 (12/95)