

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Sep 08, 1999 8:00 am**  
**Secretary of State**

09-08-1999 90010 005 \*\*\*550.00

DOCUMENT # **636329**

Corporation Name

**RIVERVIEW MOBILE ESTATES, INC.**

Principal Place of Business

**GINGER CIRCLE  
LEESBURG FL 34748**

Mailing Address

**37 GINGER CIRCLE  
LEESBURG FL 34748  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**09/06/1979**

Principal Place of Business

2a. Mailing Address

4. FEI Number

**59-1936645**

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

City & State

City & State

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00** May Be  
Added to Fees

Zip

Country

Zip

Country

25

28

30

8. This corporation owes the current year  
Intangible Personal Property.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ETHEREDGE, BLANCHE  
37 GINGER CIRCLE  
LEESBURG FL 34748**

81 Name

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

83

84 City

**FL**

85 Zip Code

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

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

ADDRESS	ZIP	DELETE	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
STD ETHEREDGE, BLANCHE J 37 GINGER CIRCLE LEESBURG, FL 00000		<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VD ETHEREDGE, TAMMI L. 37 GINGER CIRCLE LEESBURG, FL 00000		<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
PD ETHEREDGE, TALMADGE T 37 GINGER CIRCLE LEESBURG, FL 00000		<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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 stated 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 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 on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

**Blanche Etheredge**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**9/6/99**  
Date

**352-379-9488**  
Daytime Phone #

CR2E034 (5/99)

0108504