

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

PROFIT CORPORATION
ANNUAL REPORT
1997



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

1997 10 13 09

97 OCT -9 PM 2:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # 820649

(2)

1. Corporation Name
RIVERMONT PROPERTIES, INC.

Principal Place of Business
**7703 HARE AVE
JACKSONVILLE FL 32211**

Mailing Address
**7703 HARE AVE
JACKSONVILLE FL 32211-7786**

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

**INMAN, ROBIN A
7215 OAKWOOD DR.
JACKSONVILLE FL 32211**

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 607.0503, 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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Signature of the person who is authorized to file this report

(None) Register Agent's printed name of abstracted copy

DATE

12. OFFICERS AND DIRECTORS

TITLE DELETE

NAME **PD
INMAN, ROBIN A
7215 OAKWOOD DR
JACKSONVILLE, FL 00000**

TITLE DELETE

NAME **INMAN, THOMAS L
417 TAHAITIAN TERR
JACKSONVILLE, FL 00000**

TITLE DELETE

NAME **VD
INMAN, CARL R
115 ORANGE STRET
NEPTUNE BEACH FL**

TITLE DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

900002321179--1

-10/15/97-01080-010

***550.00 ***550.00

Change Addition

Change Addition

Change Addition

Change Addition

10-13-97

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this 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 13 of this report, or in an attached form with an address.

SIGNATURE

Carl P. Inman 8/15/97 (904) 925-0302

CR2E034 (9/96)