

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F42634** (8)

1. Corporation Name
REFLECTIONS ON THE RIVER, INC.



Principal Place of Business: **8465 OLD DIXIE HIGHWAY P O BOX 277 WABASSO FL 32970**
Mailing Address: **8465 OLD DIXIE HIGHWAY P O BOX 277 WABASSO FL 32970**

3. Date Incorporated or Qualified: **08/28/1981**
3a. Date of Last Report: **04/04/1995**
4. FEI Number: **59-2224310**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

9. Name and Address of Current Registered Agent

**GRAVES, RICHARD J, JR
1015 34TH AVE
VERO BEACH FL 32960**

10. Name and Address of New Registered Agent

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 607.0505, Florida Statutes.

SIGNATURE: _____ (PRINT: Registered Agent's name and address) _____ DATE: _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	<input type="checkbox"/> DELETE	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BASS, ELIZABETH G		12 NAME		
STREET ADDRESS	6275 N. MIRROR LAKE DR.		13 STREET ADDRESS		
CITY, ST, ZIP	SEBASTIAN FL		14 CITY, ST, ZIP		
TITLE	PD	<input type="checkbox"/> DELETE	21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOCKWOOD, THOMAS W		22 NAME		
STREET ADDRESS	7275 45TH ST		23 STREET ADDRESS		
CITY, ST, ZIP	VERO BCH FL		24 CITY, ST, ZIP		
TITLE	STD	<input type="checkbox"/> DELETE	31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAVES, J. RICHARD JR.		32 NAME		
STREET ADDRESS	S R 510 AND S R 3		33 STREET ADDRESS		
CITY, ST, ZIP	WABASSO FL		34 CITY, ST, ZIP		
TITLE	V	<input type="checkbox"/> DELETE	41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BASS, JEFF E		42 NAME		
STREET ADDRESS	8465 OLD DIXIE HWY.		43 STREET ADDRESS		
CITY, ST, ZIP	WABASSO FL		44 CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE	51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY, ST, ZIP			54 CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE	61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY, ST, ZIP			64 CITY, ST, ZIP		

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 with an address.

SIGNATURE: _____
THOMAS W. LOCKWOOD, President

Feb. 16, 1996 (407) 567-0034
Date Daytime Phone #

CR2E034 (12/95)