

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **F76355** (9)

1. Corporation Name

**RIVERS FOLIAGE, INC.**

Principal Place of Business

RT. #2, BOX 380  
WAUCHULA FL 33873-9802

Mailing Address

RT. #2, BOX 380  
WAUCHULA FL 33873-9802



3. Date Incorporated or Qualified

04/15/1982

3a. Date of Last Report

06/26/1995

4. FEI Number

59-2093377

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

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

RIVERS, DELENA L  
RT 2 BOX 380  
WAUCHULA FL 33873

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

*Delena L. Rivers*

Signature, typed or printed name of registered agent and Title (if applicable)

(NOTE: Registered Agent Signature required when not a stockholder)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	RIVERS, ARNOLD	
STREET ADDRESS	ROUTE 2 BOX 380 N/A	
CITY-ST-ZIP	WAUCHULA FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	RIVERS, DELENA	
STREET ADDRESS	ROUTE 2 BOX 380 N/A	
CITY-ST-ZIP	WAUCHULA FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	ROBERTS, JOHN WAYNE	
STREET ADDRESS	RT 2 BOX 380	
CITY-ST-ZIP	WAUCHULA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Glen L. YAWN
3.3 STREET ADDRESS	PO Box 472
3.4 CITY-ST-ZIP	Zolfo Springs, FL 33890
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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:

*Delena Rivers* Delena Rivers, sec

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96 941 735-0766

DATE

Daytime Phone #

CR2E034 (12/95)