

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

FILED  
Apr 27 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2292 Greenleaf Rd Suite, Apt. #, etc.		2a. Mailing Address 26 2292 Greenleaf Rd Suite, Apt. #, etc.		3. Date Incorporated or Qualified 04/15/1982	
22 City & State 23 Zolfo Springs, FL Zip Country		27 City & State 28 Zolfo Springs, FL Zip Country		4. FEI Number 59-2093377 Applied For Not Applicable	
24 3389D 25 Hardee		29 3389D 30 Hardee		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent RIVERS, DELENA L 2292 GREENLEAF RD ZOLFO SPRINGS FL 33890		10. Name and Address of New Registered Agent		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
				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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIVERS, ARNOLD	1.2 NAME	
STREET ADDRESS	2292 GREENLEAF RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	ZOLFO SPRINGS FL	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIVERS, DELENA	2.2 NAME	
STREET ADDRESS	2292 GREENLEAF RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	ZOLFO SPRINGS FL	2.4 CITY-ST-ZIP	
TITLE	VPO	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YAWN, CLEM L	3.2 NAME	
STREET ADDRESS	P.O. BOX 472	3.3 STREET ADDRESS	
CITY-ST-ZIP	ZOLFO SPRINGS FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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

4/20/98

CR2E034 (10/97)