FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90240 040 ***150.00

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Maijing Address

2291 GREENLEAF RD

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **F76355**

1. Corporation Name

Principal Place of Business 2292 GREENLEAF RD -

RIVERS FOLIAGE, INC.

3. Date Incorporated or Qualified OA/15/1982 2. Principal Place of Business	ZOLFO SPGS F	L 33890	ZOLFO SPGS FL 33890			DO NOT WRITE IN THIS SPACE			
Principal Place of Business 2a, Malling Address 4. FE! Number 59-2083377 10 Not Applicable 50-2083377 10 Not Applicable 59-2083377 10	US	U\$							
2. Principal Place of Business									Į
Sulfa, Apt #, etc. Stutus Desired \$8.75 Additional Fee Required \$8.75 Additional \$	2 Principal Pl	ace of Rusiness	2a. Mailing Address						Applied For
Sulte, Apt. 8; etc. Sulte, Apt. 8; etc.	· ·	ace of business	⊢						
22 27 Country Zip							,	\$8.75	5 Additional
City & State City &		3 30.00, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,				5. Certifcate of Status Desired L	J _. •	Fee	Required
Zip Country Zip Country Zip Country Strict Fund Contribution Added to Fees						6. Election Campaign Financing	,	\$5.0	0 May Be
Zip]		
9. Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Name and Address of New Registered Agent 12. Street Address (P.O. Box Number is Not Acceptable) 13. Street Address (P.O. Box Number is Not Acceptable) 14. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purposes of changing its registered agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent agent are newstate, in the provisions of purpose of changing its registered agent		Country		Country		8. This corporation owes the current	year Intar	gible	
RIVERS, DELENA L 2292 GREENLEAF RD ZOLFO SPRINGS FL 33890 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 agent. or her bright agent. I am familiar with, and accept the obligations of, Section 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 I NAME 11. TITLE 12. NAME STREET ADDRESS STREET	_	25	29 30]		Personal Property Tax.	(Yes	□No
RIVERS, DELENA L 2292 GREENLEAF RD ZOLFO SPRINGS FL 33890 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City		<u> </u>		. [10. Name and Address of New Regi	stered A	gent	
2292 GREENLEAF RD ZOLFO SPRINGS FL 33890 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 agent, or both, in the State of Florida, Such change was authorized by the comporation's board of directors. I hereby accept the appointment as registered agent, and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE PD	· · · · · · · · · · · · · · · · · · ·			81	Name				•
ZOLFO SPRINGS FL 33890 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 authorated by the corporation's board of directors. I hereby accept the appointment as registered office or registered agent, or both, in the State of Florida. Such change was authorated by the corporation's board of directors. I hereby accept the appointment as registered agent, and formal mental m				93	Stroot Add	Irons (P.O. Roy Number is Not Accentable)	1		
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 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, Speed or printed name of registered agent and title if appreciable (NOTE: Registered Agent agent and agreemance of registered Agent age				62	Stiest Add	III SS (F.O. BOX NUMBER IS NOT ACCEPTED OF	,		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Fiorida 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 Fiorida. 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, hypad or printed name of registered agent and 1866 if appricable. 12. OFFICERS AND DIRECTORS Signature, hypad or printed name of registered agent and 1866 if appricable. PD	ZOLF	FO SPRINGS FL 33890		83					
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Fiorida 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 Fiorida. 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, Fiorida Statutes. SIGNATURE Signature, typed or printed name of registered agent and tibe if approache. 12. OFFICERS AND DIRECTORS Signature, typed or printed name of registered agent and size if approache. PD		•			-			0E 7	in Codo
office or registered agent, or both, in the State of Fiolina 2, south charge was autilized by the obligations of, Section 607,0505, Floridad Statutes. SIGNATURE 12	•			84	City		FŁ	85 2	ip Code
office or registered agent, or both, in the State of Fiolina 2, south charge was autilized by the obligations of, Section 607,0505, Floridad Statutes. SIGNATURE 12	11 Pureuant	to the provisions of Sections 607.050	22 and 607.1508. Florida Statutes.	the above	e-named con	poration submits this statement for the purp	pose of cl	nanging	its registered
SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE NAME RIVERS, ARNOLD STREET ADDRESS CITY-ST-ZP ZOLFO SPRINGS FL TITLE NAME STREET ADDRESS CITY-ST-ZP ADDR	l office of to	edistered agent, or both, in the State	of Florida. Such change was autili	OFIZEG DV	uie corporat	ion's board of directors. I hereby accept the	e appoint	ment as	registered
Signature, typed or printed name of registered agent and tile if applicative. File PD	agent. I ai	m familiar with, and accept the obliga	ations of, Section 607.0505, Florida	Glaiules	•	•			
TILE PD DELETE SITURES ARNOLD DELETE STREET ADDRESS CITY-ST-ZIP DELETE STREET ADDRESS CITY-ST-ZIP TILE VPD DELETE STREET ADDRESS CITY-ST-ZIP DELETE STREET ADDRESS STREET ADDRE	SIGNATURE	Sinnature, typed or printed name of registered age	ont and title if applicable. (NOTE: Reg	gistered Agen	t signature requir	red when reinstating)	DATE		
RIVERS, ARNOLD		* ','		13.		ADDITIONS/CHANGES TO OFFICE	ERS AND	DIREC	TORS IN 12
STREET ADDRESS 2292 GREENLEAF RD 13.STREET ADDRESS 14.CITY-ST-ZIP Change Addition A	TITLE	PD	☐ DELETE	1.1 TITLE		<u> </u>		Chang	ge
STREET ADDRESS 2292 GREENLEAF RD 13.STREET ADDRESS 14.CITY-ST-ZIP Change Addition A	NAME .	RIVERS, ARNOLD		1.2 NAME		,			i
CITY-ST-ZIP	STREET ADDRESS			1.3 STREET	ADDRESS				
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CITY-ST-ZIP	STREET ADDRESS			2.3 STREET	ADDRESS	•			- •
TITLE	1			2. 4 CITY-S	T-ZIP				
NAME YAWN, CLEM L. STREET ADDRESS CJTY-ST-ZIP ZOLFO SPRINGS FL TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ DELETE				•	Chang	ge 🗌 Addition
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CHT-SI-ZEP									
	TITLE		☐ DELETE	6.1 TITLE				Chang	ge Addition

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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP