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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9800001088

GREAT RIVER DEVELOPMENT COMPANY

Principal Place of Business

Mailing Address

Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90018 018 ***158.75



520 NORTH 30TH STREET 520 NORTH 30TH STREET OUINCY IL 62306 QUINCY IL 62306							
					DO NOT WRITE IN THIS	SPACE	
					3. Date Incorporated or Qualifed 02/25/1998		
2. Principal Pl	ace of Business	2a. Mailing Address	- C)	1 1	4. FEI Number	Ap	plied For
21 510) VI ame Street	26 50 11 Gin	0. S	reet	36-4180568	No	t Applicable
Suite, Apt	#, etc. /	Swite, Apt. #, etc.	ひ		5. Certifcate of Status Desired	\$8.75 A	Additional equired
City & Star	During TI-	City & State	7	6	Election Campaign Financing Trust Fund Contribution	\$5.00 Added t	
Zip /	Country	Zip.	Country	\overline{T}	8. This corporation owes the current year Int	andible	
24 /07	301 25 Adams	29 (0730) 30	A	lams	Personal Property Tax.		No
	9. Name and Address of Current F			<u> </u>	10. Name and Address of New Registered	Agent	
81							
B&C CORPORATE SERVICES OF CENTRAL FLORIDA				Strong Add	rece (D.O. Boy Number in Net Acceptable)		
390 NORTH ORANGE AVE., STE 1100				Street Add	ress (P.O. Box Number is Not Acceptable)		
ORL	ANDO FL 32801		83		••		
			84	City		85 Zip (Code
	·			' ' '	FL	. .	
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							
office or re	egistered agent, or both, in the State of m familiar with, and accept the obligatio	ns of, Section 607.0505, Florid	a Statutes	ine corporati i.	on's board of directors. Thereby accept the appoint	mmont do vo	giotorea
SIGNATURE							
Signature, typed or printed name of registered agent and title if applicable (NOTE: Regist				nt signature require	ed when reinstating) DATE DATE	ID DIRECTO	NDC IN 12
12.		DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFICERS AI	Change	Addition
TITLE	PCD Ower by Steve				1	٠٠٠٠٠٠ ال	
NAME	OWSLEY, STEVE 18 BOCA DRIVE		1.2 NAME				
STREET ADDRESS			1	T ADDRESS			
CITY-ST-ZIP	HANNIBAL MO VD	☐ DELETE	1.4 CITY-5	1-ZIP		Change	Addition
TITLE	••	C) Deterie					
NAME	FOX, LYNN		2.2 NAME				
_STREET ADDRESS	708 WASHINGTON	بالمستحولينين بالإشام بالمام المراجي المام الأراب		TADORESS		and the second second	
CITY-ST-ZIP	CANTON MO		2. 4 CITY-	51-ZIP		Change	Addition
TITLE	STD OWELEY ANDDEA	□ DECEIC					
NAME :	OWSLEY, ANDREA		3.2 NAME	* *******			
STREET ADDRESS	18 BOCA DRIVE			TADDRESS			
CITY-ST-ZIP	HANNIBAL MO	☐ DELETE	3.4. CITY- 4.1 TITLE	ST-ZIP		Change	Addition
TITLE	•	□ pereie	4,1 111LE 4, 2 NAME			٠	
NAME							
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP		□ DELETE	4.4 CITY-S 5.1 TITLE	ii-4P		Change	Addition
TITLE			5.1 HILE 5.2 NAME			مورست نے	
NAME				T ADDRESS			
STREET ADDRESS			5.4 CITY-5				
CITY-ST-ZIP		DELETE	6.1 TITLE	,ı-Lif		□ Change	Addition
TITLE		- Detete	6.2 NAME				
I NAME			=	1			I

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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY- ST-ZIP

SIGNATURE:

STREET ADDRESS