

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

**FILED**

**Jun 03 1997 8:00am  
Secretary of State**



**PROFIT CORPORATION ANNUAL REPORT 1997**

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

**DOCUMENT # G71031 (0)**  
1. Corporation Name  
**PADGETT & RIVENBARK, INC.**



Principal Place of Business Mailing Address  
~~5606 STEWART STREET MILTON FL 32570 US~~ **5819 Chism Trl Milton, FLA 32570**  
~~5606 STEWART STREET MILTON FL 32570 US~~ **5819 Chism Trl Milton, FLA 32570**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>11/21/1983</b>		3a. Date of Last Report <b>05/16/1996</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-2348617</b>		Applied For <input type="checkbox"/> Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>RIVENBARK, BERNICE W. 721 CAMELIA ST. MILTON FL 32570</b>				81	Name <b>Joe L. Padgett</b>		
				82	Street Address (P.O. Box Number is Not Acceptable) <b>5819 Chism TRAIL</b>		
				83	City <b>Milton, FLA.</b>		
				84	City	FL	85 Zip Code <b>32570</b>

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 **Joe L. Padgett** **Joe L. Padgett** **5/27/97**  
Signature typed or printed name of registered agent and title, if applicable. (NOTE: Registered agent signature required when retaking.) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	<b>PADGETT, MARY M</b>		1.2 NAME				
STREET ADDRESS	<b>5819 CHISM TRAIL</b>		1.3 STREET ADDRESS				
CITY-ST-ZIP	<b>MILTON FL</b>		1.4 CITY-ST-ZIP				
TITLE	<b>V</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	<b>LUTHER, DORIS M.</b>		2.2 NAME				
STREET ADDRESS	<b>5820 CREPE MYRTLE LN.</b>		2.3 STREET ADDRESS				
CITY-ST-ZIP	<b>MILTON FL</b>		2.4 CITY-ST-ZIP				
TITLE	<b>ST</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	<b>MCLAUGHLIN, CYNTHIA R.</b>		3.2 NAME	<b>ST DEANNA C. Gillis</b>			
STREET ADDRESS	<b>RT-6, BOX 248</b>		3.3 STREET ADDRESS	<b>5820 CREPE MYRTLE LN.</b>			
CITY-ST-ZIP	<b>MILTON FL</b>		3.4 CITY-ST-ZIP	<b>Milton, FLA 32570</b>			
TITLE		<input type="checkbox"/> DELETE	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		<input type="checkbox"/> DELETE	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		<input type="checkbox"/> DELETE	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 do 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 **Mary M. Padgett** **MARY M. Padgett** **11/21/83** **and 05/16/96**

CR2E034 (9/96)