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Mar 07 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # H19395

(3)

1. Corporation Name

RIVER TRACE HOMES, INC.

Principal Place of Business

6301 CAPITAL CIRCLE S.E.  
~~P.O. BOX 0132~~  
TALLAHASSEE FL ~~32311~~

Mailing Address

6301 CAPITAL CIRCLE S.E.  
~~P.O. BOX 0132~~  
TALLAHASSEE FL ~~32311~~



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 6301 Capital Circle SE

27 Suite, Apt. #, etc.

28 TALLAHASSEE FL

29 32311

30 LEON

3. Date Incorporated or Qualified

09/04/1984

3a. Date of Last Report

01/31/1996

4. FEI Number

59-2469848

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

9. Name and Address of Current Registered Agent

BROWN, GLENN E., ESQ.  
2404 W. CLEVELAND ST  
TAMPA FL 33609

10. Name and Address of New Registered Agent

81 Name C.C. KEITH

82 Street Address (P.O. Box Number is Not Acceptable)  
2003 Misty Hollow

83

84 City TALLAHASSEE

FL

85 Zip Code 32312

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

C.C. KEITH

CC Keith

3/3/97

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

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME KEITH, CHARLES C.  
STREET ADDRESS 2003 MISTY HOLLOW RD.  
CITY-ST-ZIP TALLAHASSEE FL

TITLE VD  
NAME KEITH, JEAN C.  
STREET ADDRESS 2003 MISTY HOLLOW RD.  
CITY-ST-ZIP TALLAHASSEE FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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:

CC Keith

3/3/97 (904) 878-4906

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)