FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 11 PM 2:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H51110** **(5)**

1. Corporation Name
RIVER BRITE SALES, INC.

Principal Place of Business	Mailing Address
~~P.O. BOX 650477~~ 150 N. Graves Rd ~~VERO BEACH FL 32965~~ Ft. Pierce, Fl 34945	~~P.O. BOX 650477~~ PO Box 26607 ~~VERO BEACH FL 32965~~ Ft. Pierce, Fl 34954

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/08/1985
3a. Date of Last Report: 02/28/1994

2. Principal Place of Business
21: 150 North Graves Rd
22: Suite, Apt. #, etc.
23: City & State: Ft Pierce Fl
24: Zip: 34945
25: Country: St Lucie

2a. Mailing Address
26: PO Box 26607
27: Suite, Apt. #, etc.
28: City & State: Ft Pierce Fl
29: Zip: 34954
30: Country: St Lucie

4. FEI Number: 59-2508900 ☐ 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

FENNELL, DARRELL
979 BEACHLAND BLVD.
VERO BEACH FL 32963

10. Name and Address of New Registered Agent

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: Lori S Grubb DATE
Signature of or typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	FENNELL, DARRELL	12 NAME	
STREET ADDRESS	979 BEACHLAND BLVD.	13 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL	14 CITY-ST-ZIP	
TITLE	VP	21 TITLE	☐ Change ☐ Addition
NAME	SCHIRARD, J. BRANTLEY	22 NAME	
STREET ADDRESS	1108 TRINDIDA AVE.	23 STREET ADDRESS	
CITY-ST-ZIP	ST. PIERCE FL	24 CITY-ST-ZIP	
TITLE	P	31 TITLE	☒ Change ☐ Addition
NAME	GRUBB, LORI L.	32 NAME	President
STREET ADDRESS	3101 DIVOT ROAD	33 STREET ADDRESS	Lori Grubb
CITY-ST-ZIP	SEBRING FL	34 CITY-ST-ZIP	3715 Creekside Dr. Sebring Fl 33872
TITLE	VP	41 TITLE	☐ Change ☐ Addition
NAME	JOHNSON, SHERWOOD	42 NAME	
STREET ADDRESS	RT. BOX 1143 B	43 STREET ADDRESS	
CITY-ST-ZIP	FT. PIERCE FL	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Lori S Grubb - President 4/6/95 813-382-6833
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0421843 FP