**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Jul 26, 1999 8:00 am Secretary of State

07-26-1999 90012 047 \*\*\*150.00

1999 **DOCUMENT #** J37115 1. Corporation Name

JIM HOLLIS' RIVER RENDEZVOUS, INC.

JIM HULLIS' HIVEH HENDEZVOUS, INC.						* 5 59549 1 - 90012 - 47			
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Principal Plac	e of Business				1 1891(18 8188 1511) 1988 5 1188) 1188	14 MIZI MIMIL MZMLI WIO	DIN MANAN OLDIK BIBIK INDI		
RT 2 BOX 635									
MAYO FL 32066 MAYO FL 32066									
US , US						DO NOT WRITE IN THIS SPACE			
					3.	Date Incorporated or Qualified		į	
						10/07/1986		· —-	
2. Principal Place of Business 2a. Mailing Address						FEI Number	ļ	Applied For	
21 26						62-1299539		Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.						Certificate of Status Desired	1 1	8.75 Additional	
27							<del></del>	Fee Required	
City & State City & State						Election Campaign Financing		55.00 May Be	
23		28				Trust Fund Contribution		Added to Fees	
Zip	<b>⊢¬</b> ′			Country		This corporation owes the curre	· —	s 🗆 No	
24	25	<del></del>	30			Intangible Personal Property.  Name and Address of New Re	Ye:		
	9. Name and Address of Curren	r Kegistered Agent	81	Name	10.	Name and Address of New Re	Mistelen When	<u>"</u>	
HOL	LIS, JAMES			Italio					
5167 E COLONIAL DR RT2 Box 635 ORLANDO FL 32807 MAYO, FC 32066				82 Street Address (P.O. Box Number is Not Acceptable)					
ORLANDO FL 32807 MOVO CC 32066			83						
0,12	LINDO I L'OZDON TITHYO,	pe our vie	03						
			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 am familiar with, and accept the obliga	of Florida. Such change was a	uthorized by	the corp	oration's bo	ard of directors. I hereby accept	the appointmer	nt as registered	
, -	and accept the conge	mona or, accilon cor.coos, i lo	ilda otatutes	,.					
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NO	TE: Registered A	gent signatu	re required whe	n reinstating)	DATE		
12.	OFFICERS AND DIRECTORS		13.		Α	ADDITIONS/CHANGES TO OFFI	ICERS AND DIF	RECTORS IN 12	
TITLE	P QELETE		1.1 TITLE	1.1 TITLE		٤	<b>⊠</b> ¢	hange Addition	
NAME	HOLLIS, JAMES		1.2 NAME		0.,.	0 804 635		)	
STREET ADDRESS	5167 E COLONIAL DR		1.3 STREET ADDRESS		RT	2 8001-00-			
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP		MAY	E 2 BOK 635 10, FL 32066			
TITLE	DELETE		2.1 TITLE	2.1 TITLE			□ c	hange Addition	
NAME			2.2 NAME						
STREET ADDRESS			2.3 STREET	ADDRESS	[				
CITY-ST-ZIP			2.4 CITY-ST	2.4 CITY-ST-ZIP					
TITLE	DELETE 3.11		3.1 TITLE				c	hange Addition	
NAME		<del>-</del>	3.2 NAME	ĺ					
STREET ADDRESS			3.3 STREET	ADDRESS )	}				
CITY-S7-ZIP			3.4 CITY-ST	-ZIP					
TITLE		DELETE	4.1 TITLE					hange Addition	
NAME			4.2 NAME					3	
STREET ADDRESS			4.3 STREET	ADDRESS	ĺ				
CITY-ST-ZIP			4.4 CITY-ST						
TITLE		DELETE	5.1 TITLE				<u> </u>	hange Addition	
NAME			5.2 NAME	ł					
STREET ADDRESS			5.3 STREET	AODRESS					
CITY-ST-2IP			5.4 CITY-ST					{	
TITLE	<u> </u>	DELETE	6.1 TITLE	-ZIC				hange Addition	
NAME		☐ DEFEIC	62 NAME	ļ				wange L Audinoti	

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; of on an attachment with an address.

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

(904) 294-2510 Fax (904) 294-1133 Reservations (800) 533-5276 JHollisRR@aol.com



595491-90012-47 537115 Learn Scuba

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"Come as a stranger. leave as a friend."
Route 2, Box 635 • Mayo, Florida 32066

July 14, 1999

Division of Corporations
P. O. Box 6327

Tallahassee, FL 32314

To Whom It May Concern:

I just spoke with a representative at your 850/488-9000 telephone number. I explained to her that we filed our report as we always do April 25, 1999. I took it to the post office and had them hand stamp the document.

I just received this second notice that our fees have not been paid. I did not receive the first notice or I would have responded, just as I am doing now.

I checked with the bank, the check has not cleared. Your representative told me to send this in along with this letter of explanation.

I would appreciate your assistance in this matter; as for as long as I am aware, this has never been late.

Should you have any questions, please do not hesitate to give me a call, 904/294-2510.

Thank you, and God Bless

Cheryl Hollis

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4/25/99 - # 11790 Lot CK