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May 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **J64715** (2)

1. Corporation Name
R V R COMPANY, INC.



Principal Place of Business 8239 EMPEROR DR P.O. BOX 1227 PENSACOLA FL 32514 US	Mailing Address P O BOX 1227 GULF BREEZE FL 32562-1227 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3202 S.W. HOLLY LN.		2a. Mailing Address 26 3202 S.W. HOLLY LN.		3. Date Incorporated or Qualified 03/25/1987	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-2796421	
City & State 23 PALM CITY, FL.		City & State 28 PALM CITY, FL.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 34990		Country 25 US		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 29 34990		Country 30 US		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent RIVERS, COLIN M. 8239 EMPEROR DR. PENSACOLA FL 32514		10. Name and Address of New Registered Agent	
		81 Name Rivers, Colin M.	
		82 Street Address (P.O. Box Number is Not Acceptable) 3202 S.W. HOLLY LANE	
		83	
		84 City PALM CITY FL 85 Zip Code 34990	

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 **Colin M. Rivers** **Colin M. Rivers** **4-24-98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	RIVERS, COLIN M.	1.2 NAME	Rivers, Colin M.
STREET ADDRESS	8239 EMPEROR DRIVE	1.3 STREET ADDRESS	3202 S.W. HOLLY LN.
CITY-ST-ZIP	PENSACOLA FL	1.4 CITY-ST-ZIP	PALM CITY, FL 34990
TITLE	STD	2.1 TITLE	STD
NAME	RIVERS, DELORIS D.	2.2 NAME	Rivers, Deloris D.
STREET ADDRESS	8239 EMPEROR DRIVE	2.3 STREET ADDRESS	3202 SW HOLLY LN.
CITY-ST-ZIP	PENSACOLA FL	2.4 CITY-ST-ZIP	PALM CITY, FL. 34990
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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.

SIGNATURE **Colin M. Rivers** **Colin M. Rivers** **4-24-98** **541-592-4707**

CR2E034 (10/97)