

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 8:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J70633 (9)

1. Corporation Name

RIVERBEND MARKETING GROUP, INC.

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report

05/01/1987

04/26/1994

4. FEI Number

59-2806114

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

Principal Place of Business

Mailing Address

3440 MARINATOWN LANE NORTHWEST
N FT MYERS FL 33903

3440 MARINATOWN LANE NORTHWEST
N FT MYERS FL 33903

2. Principal Place of Business

2a. Mailing Address

21 6121 River Shore Ct.

26 6121 River Shore Ct.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 N. Fort Myers, Fl.

28 N. Fort Myers, Fl.

24 Zip 33917

25 Country USA

29 Zip 33917

30 Country USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOOLIHAN, THOMAS P.
3440 MARINATOWN LANE, N.W.
NORTH FT. MYERS FL 33903

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

Thomas P. Hoolihan

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

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

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME HOOLIHAN, THOMAS
STREET ADDRESS 3440 MARINATOWN LANE
CITY - ST - ZIP N. FT. MYERS FL

11 TITLE ☒ Change ☐ Addition
12 NAME
13 STREET ADDRESS 6121 River Shore Ct.
14 CITY - ST - ZIP N. Fort Myers, Fl. 33917

TITLE D
NAME HOOLIHAN, THOMAS P. JR.
STREET ADDRESS 3440 MARIANATOWN LANE
CITY - ST - ZIP N. FT. MYERS FL

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
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)(k), 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 this 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:

Thomas P. Hoolihan

Thomas P. Hoolihan

04/28/95

813-543-4777