## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT **CORPORATION ANNUAL REPORT** 

1998



Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J91834

RIVERVIEW MEMORIAL PARK, INC.

(8)

## **FILED** Apr 13 1998 8:00am Secretary of State



								8/8/ 188/
Principal Place of Business Mailing Address						1 10 2 11 0 10 10 10 10 10 10 10 10 10 10 10 1		
% RICHARD F. HAISLEY % RICHARD F. HAISLEY								
3015 OKEECHOBEE ROAD FORT PIERCE FL 34947-4616		3015 OKEECHOBEE ROAD FORT PIERCE FL 34947-4616				DO NOT WRITE IN THIS SPACE		
FORT FIENCE PE SHOPE PE SH			7010			3. Date Incorporated or Qualified		
						09/08/1987		
2. Principal Pi	ace of Businoss	2a. Mailing Address				4. FEI Number	Ap	plied For
21		26				65-0014145	No	t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired	¬ \$8.75 /	
22		27				GI COMMODIC OF CLASS COMMOD	Fee Re	quired
City & State		City & State				6. Election Campaign Financing	<b> \$5.00</b>	
Zip Country							Added t	
24	25 Country	29	30			<ol> <li>This corporation owes or has paid Personal Property Tax due June 30</li> </ol>		angible No
24	9. Name and Address of Current		1301	<u>, , , , , , , , , , , , , , , , , , , </u>		10. Name and Address of New Regis		1100
HA	ISLEY, RICHARD F.			81	Name			
	5 OKEECHOBEE ROAD		Į.		<u> </u>			
	RT PIERCE FL 33450		82 Street Ad		Street Addres	ss (P.O. Box Number is Not Acceptable)	1	
			ļ,	83				
					<del></del>			
	•		- 1		City		FL 85 Zip (	
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 Stuch change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, 1 am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes.								
agent. 1 a	m familiar with, and accept the obliga	itions of, Section 607.0505, FI	orida Statu	ites.				
SIGNATURE	Signature, typed or printed name of registered agen	trand little if applicable (NO)	E Registered	Agent	signature required	when reinstating)	DATE	
12.	OFFICERS AND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFICER		
TITLE	D DELETE		1.1 7171	1.1 TITLE			☐ Change	Addition
NAME	HAISLEY, RICHARD F.		1.2 NA	ME				
STREET ADDRESS	3015 OKEECHOBEE ROAD		1.3 STREET ADE		ODRESS			1
CITY-ST-ZIP			1.4 CIT		ZIP			
TITLE	D VATEO IOOFOLI W ID	☐ DELETE	DELETE 2.1 TH				Change	Addition
NAME	YATES, JOSEPH W., JR.		2.2 NA					
STREET ADDRESS	1101 SOUTH U.S. HWY 1 FORT PIERCE FL			2.3 STREET ADDRESS				
CITY-ST-ZIP	FUNI FIENCE FL	Decemen	_	2. 4 CITY - ST - ZIP		*		1 1 1 1 1 1 1 1
TITLE	HOBBS, CLAUDE M., JR	☐ DETEIR	☐ DELETE 3.1 TI				Change	☐ Addition
HAME	3015 OKEECHOBEE ROAD			3.2 NAME 3.3 STREET ADDRESS				
STREET ADDRESS	EODT DIEDOE EI				į			
CITY-ST-ZIP TITLE	D	DELETE	3.4. CIT 4.1 TITI		ZIP		Change	Addition
NAME	CVINAGOE DOLIOLAGE		4.1 IIII 4.2 NA				□ cuange	Addition
STREET ADDRESS	805 BARREL AVENUE				DDRESS			
CITY-ST-ZIP	FT PIERCE FL		4.4 CIT					
TITLE		DELETE	5.1 TITE				☐ Change	Addition
NAME			5.2 NA					
STREET ADDRESS			5.3 STR		ODRESS			
CITY-ST-ZIP		•	5.4 CIT					
TITLE	· · · · · · · · · · · · · · · · · · ·	DELETE	6.1 TITI				Change	☐ Addition
RAME			6.2 NA	ME			- •	
STREET ADDRESS			6.3 STR	REET AD	DDRESS			
CITY-ST-ZIP			6.4 CIT	Y-ST-7	ZIP			

14. Thereby 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 supplymental 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 of 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.