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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

J92929

(5)

THREE RIVERS PROPERTIES, INC.

INNEE	niveno friorentico, in		*					
Principal Place	e of Business	Mailing Address	Mailing Address			-	i film diam didi digi alimi	
POST OFFICE		POST OFFICE BOX 617				İ		
CARRABELLE F			CARRABELLE FL 32322-0817					
						3. Date Incorporated or Qualified	3a. Date of Last Re	enort
						09/18/1987	03/08/1996	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number	Ap	plied For
1		26				59-3072608		t Applicable
Suite, Apt. i	#, elc	Suite, Apt. #, etc.				5. Certificate of Status Desired	□ \$8.75 A	
2		27					Fee Re	·
City & Statε)	City & State				6. Election Campaign Financing	\$5.00 Added to	
[3]	Country					1100(1010)00110111		
Zip M	 -1 ΄			~		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No		
4	25 29 9. Name and Address of Current Registered Agent		[30]		1	10. Name and Address of New Registered Agent		
DAT				81	Name			
POTEET, RANDALL D MARINE ST.			82 Street Add			ress (P.O. Box Number is Not Accepta	hle)	
	RABELLE FL 32322		52			Address (F.O. bux Northber is Not Acceptable)		
ON	INTEREST POSSES			83				
				84	City		85 Zip (Code
						poration submits this statement for the		J
SIGNATURE	m familiar with and accept the of					red when reinstaing)	DATE	
12.		AND DIRECTORS	13			ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTOR	S IN 12
TITLE	PD	DELETE					Change	Addition
NAME	KIRVIN, BOBBY B	NN, BOBBY B		NAME				
STREET ADDRESS			1.3	STREET	ADDRESS			
CITY+ST+7/P	APALACHICOLA FL			CITY-S	r-zip		P-1 -:	
TITLE	PD DELETE			21 TITLE		•	☐ Change	Ll Addition
NAME	POTEET, RANDALL D			2 2 NAME				
STREET ADDRESS	MARINE ST.		2.3 STREET ADDRESS					
CiTY-ST-7IP	CARRABELLE FL 32322			2 4 CITY - ST- 2IP 31 TITLE Change		Addition		
TOTLE	L DELETE			32 NAME		Last riagition		
NAME STREET ADDRESS					ADDRESS		•	
CHY-ST-ZIP				CITY-S				
TITLE	DELETE			TITLE		<u></u>	Change	Addition
NAME			4. 2	NAME				
STREET ADDRESS			4.3	STREET	ADDRESS			
CITY+ST-ZIP			4.4	CITY-S	T-ZIP			
TITLE		☐ DELETE	5.1	TITLE			Change	Addition
NAME			-	NAME				
STREET ADDRESS					ADDRESS			
CITY-ST-Z-P			CITY-S	it-ZIP		☐ Change	Addition	
TITLE		LJ DELETE		TITLE NAME			m change	Free Production
NAME etnera kondere					ADDRESS			
STREET ADDRESS				CITY - S	· ·			
CITY-ST-ZIP	L by certify that the information sug	plied with this filing does not au	alifu for th	0.000	motion state	d in Section 119.07(3)(i), Florida Statut	es. I further certify that	the
informatic	n indicated on this annual report	or supplemental annual report is on or the receiver or trustee empo	s true and owered to	l acci	irate and tha	at my signature shall have the same leg ort as required by Chapter 607, Florida	oal effect as if made un-	der oath; that i

SIGNATURE

OMATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

2-13-47

697.3301

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FILED

Feb 18 1997 8:00am

Secretary of State