

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

FILED

Mar 02 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 # J92929 (5)
1. Corporation Name
THREE RIVERS PROPERTIES, INC.

Principal Place of Business
POST OFFICE BOX 617
CARRABELLE FL 32322

Mailing Address
POST OFFICE BOX 617
CARRABELLE FL 32322

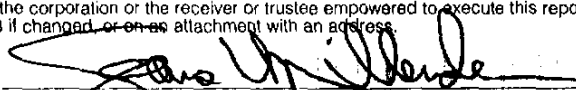
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 700 Marine Street Suite, Apt. #, etc. 22		2a. Mailing Address 26 PO Box 1118 Suite, Apt. #, etc. 27		3. Date Incorporated or Qualified 09/18/1987	
23 Carrabelle FL City & State 24 32322 Zip		28 Carrabelle FL City & State 29 32322 Zip		4. FEI Number 59-3072608 Applied For Not Applicable	
9. Name and Address of Current Registered Agent POTEET, RANDALL D MARINE ST. CARRABELLE FL 32322		10. Name and Address of New Registered Agent		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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.		81 Name		8. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
SIGNATURE		82 Street Address (P.O. Box Number is Not Acceptable)		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	
12. OFFICERS AND DIRECTORS		83		84 City	
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		85 Zip Code		FL	

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	SECRETARY
NAME	KIRVIN, BOBBY B	1.2 NAME	KATHY M. POTEET
STREET ADDRESS	105 22ND AVE	1.3 STREET ADDRESS	MARINE STREET
CITY-ST-ZIP	APALACHICOLA FL	1.4 CITY-ST-ZIP	CARRABELLE, FL 32322
TITLE	PD	2.1 TITLE	TREASURER
NAME	POTEET, RANDALL D	2.2 NAME	RANDY POTEET
STREET ADDRESS	MARINE ST.	2.3 STREET ADDRESS	MARINE STREET
CITY-ST-ZIP	CARRABELLE FL 32322	2.4 CITY-ST-ZIP	CARRABELLE, FL 32322
TITLE		3.1 TITLE	VICE PRESIDENT
NAME		3.2 NAME	MILLENDER, JOHN CHAPMAN
STREET ADDRESS		3.3 STREET ADDRESS	HWY 67
CITY-ST-ZIP		3.4 CITY-ST-ZIP	CARRABELLE, FL
TITLE		4.1 TITLE	PRESIDENT
NAME		4.2 NAME	MILLENDER, FARRIS VANCE
STREET ADDRESS		4.3 STREET ADDRESS	HWY 67
CITY-ST-ZIP		4.4 CITY-ST-ZIP	CARRABELLE, FL
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:



2-24-98 097-3301

CR2E034 (10/97)