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

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

•	1996	A CONTINUE	DIVISION C	F CORPORATIONS				
DOCUI	MENT #	K03898	5 (5)					
RIVER	r road propi	ERTIES, INC.						
Principal Place	of Business		Mailing Address		{			
2234 RIVEF JACKSONV	R ROAD VILLE FL 32207		2234 RIVER ROAD JACKSONVILLE FL					
					3. Date Incorporated or Qualified 11/19/1987	3a. Date of Las 05/01		
	ace of Business		2a. Mailing Address 26		4. FEI Number 59-2857785		Applied For]
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			\$8	Not Applicable 75 Additional	-
22			27		5. Certificate of Status Desired		e Required	
City & State	9		City & State		6. Election Campaign Financing		.00 May Be	7
23		untry	28] Zip	Country	Trust Fund Contribution	A0	ded to Fees	4
24	25	Σ•itt y		30	8. This corporation has liability for i		rs 199.032,	
	<u></u>	dress of Current R			10. Name and Address of New R	egistered Agent		_
				81 Name I.	ori T. Nemeyer			
	IGHER, DANIEL J.			82 Street Addr	ess (P.O. Box Number is Not Acceptab 234 River Road	le)		-
	NDEPENDENT SC			83	234 River Road			_
JACKS	SONVILLE FL 3220	12		-	· <u>.</u>			
				84 City	acksonville, Florida	FL B5	Zip Code	1
11. Pursuant t	to the provisions of S	ections 607.0502 an	d 607.1508, Florida Statu	l l	ation submits this statement for the pure of of directors. I hereby accept the appo		32207 s registered office	1
or register familiar wit	red agent, or both, in th, and accept the ot	the State of Florida.	Such change was author 607.0505, Florida Statele	ized by the corporation's boar as.	d of directors. I hereby accept the appoint	bintment as registe	red agent, I am	
SIGNATURE	Lori T.	Nemeyer	Son	u's Y lemer	je U	April 2	1006	
	Signature, typed or printed ri	anie of registered agent and		VOTE: Registered Agent signature require		U-1. C		্র জ
12.	DPST	OFFICERS AND D	DELETE	13. 1.17/TEE	ADDITIONS/CHANGES TO OFFE	CERS AND DIREC		CR2E034 (12/95)
NAME	NEMEYER, L	ORI T.		1.2 NAME		C chang	, , , , , , , , , , , , , , , , , , ,	4
STREET ADDRESS	2234 RIVER			1.3 STREET ADDRESS				္ကြ
CITY-ST-ZiP	JACKSONVIL	LE FL		1.4 CITY - ST - ZIP				12
TITLE	AS		DELETE	2. 1 TITLE		☐ Chang	e 🔲 Addition	10
NAME	ELISON, GAY			2.2 NAME				
STREET ADDRESS	12550 PERC JACKSONVIL			2.3 STREET ADDRESS				
CITY-ST-ZIP TITLE	AT	LC PL	DELETE	2.4 CITY-ST-ZIP 3.1 TITLE		Chang	ge Addition	┨
NAME	NEMEYER, T	ERRELL A.	_ vecele	3.2 NAME		□ Criang	ps [] Addition	
STREET ADDRESS	22-THIRD AV			33. STHEET ADDRESS				
CITY-ST-ZIP	BRANFORD			3.4 CITY - ST - ZIP				
TITLE			DELETE	4. 1 TITLE		☐ Chanç	e Addition	1
NAME	i			4.2 NAME				
STREET ADDRESS				4.3 STREET ADDRESS				
CITY-ST-ZIP	-		□ be ere	4.4 C(TY - ST - ZIP		C) Chan		-
TITLE NAME			DELETE	5. 1 TITLE 5.2 NAME		Chang	je 🔲 Addition	
STREET ADDRESS				5.3 STREET ADDRESS				
CITY-ST-ZIP			-	5.4 CITY-ST-ZIP				
Title			☐ DELETE	6. 1 TITLE		☐ Chang	e Addition	1
NAME				6.2 NAME				
STREET ADDRESS				6.3 STREET ADDRESS				
CITY-ST-ZIP	L		41.60	6.4 CHTY - ST - ZIP				1
14. I do hereby certify that	y certify that the infor t the information indic	mation supplied with ated on this annual r	tnis filing is voluntarily fu eport or supplemental an	rnished and does not qualify for nual report is true and accura	or the exemption stated in Section 119.0 te and that my signature shall have the	U/(3)(k), Florida Sta same legal effect a	tutes. I further s if made under	

wered to execute this report as required by Chapter 607, Florida Statutes; and that my name oath; that I am an officer or director of the corporation or the receiver or trustee en appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Lori T. Nemeyer Coursioning

April 23, 1996 904-398-0112