

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 30 AM 9:10

DOCUMENT # **K75187** (O)
1. Corporation Name
ATCO-RIVERDALE HOLDING, INC.

Principal Place of Business Mailing Address
PO BOX 698 PO BOX 698
SARASOTA FL 34230 SARASOTA FL 34230

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/13/1989** 3a. Date of Last Report **04/06/1994**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

4. FEI Number **65-0115643** 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

9. Name and Address of Current Registered Agent
HRIC, MICHAEL
2801 FRUITVILLE ROAD
SUITE 100
SARASOTA FL 34237

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 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 _____ (NOTE: Registered Agent signature required when registering) DATE _____

12. OFFICERS AND DIRECTORS
TITLE **PST**
NAME **ROGERS, BURT K.**
STREET ADDRESS **3815 N OSPREY AVE**
CITY-ST-ZIP **SARASOTA FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE Change Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
21 TITLE Change Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP
31 TITLE Change Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP
41 TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP
51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP
61 TITLE Change Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I, the undersigned, hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 140.07(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 my name appears in Block 12 or Block 13 of this report, or on a certificate filed with an address.

SIGNATURE: _____
RIGHT NAME AND TYPE ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR