


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

FILED
Apr 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # L17615 (0)
1. Corporation Name
RIVER OAK PAINTING, INC.

Principal Place of Business % V. LOUISE TARRY 7445 WEST RIVERBEND RD DUNNELLON FL 34433	Mailing Address % V. LOUISE TARRY 7445 WEST RIVERBEND RD DUNNELLON FL 34433
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 09/22/1989	
4. FEI Number 59-2969491		5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent TARRY, V LOUISE 7445 W RIVERBEND ROAD DUNNELLON FL 34433		10. Name and Address of New Registered Agent			

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	
NAME	DANBACK, LAWRENCE G.	1.2 NAME	
STREET ADDRESS	7445 W. RIVERBEND DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	DUNNELLON FL	1.4 CITY-ST-ZIP	
TITLE	DST	2.1 TITLE	
NAME	TARRY, V. LOUISE	2.2 NAME	
STREET ADDRESS	7445 W. RIVERBEND DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	DUNNELLON FL	2.4 CITY-ST-ZIP	
TITLE	JOSLIN, WALTER M	3.1 TITLE	
NAME	3152 N. HOOTY POINT	3.2 NAME	
STREET ADDRESS	INVERNESS FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	MASKER, JOHN, C	4.1 TITLE	
NAME	5800 OAK RIDGE DR SP. 41	4.2 NAME	
STREET ADDRESS	HOMOSASSA FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
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:

V. LOUISE TARRY

11-10-98

CR2E034 (10/97)