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Feb 11 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # L23095

(7)

1. Corporation Name

REBECCA RIVERS BRIDGE, INC.

Principal Place of Business

9550 SUNBEAM CENTER DR.
JACKSONVILLE FL 32257
US

Mailing Address

9550 SUNBEAM CENTER DR
JACKSONVILLE FL 32257-1101
US



3. Date Incorporated or Qualified
10/16/1989

3a. Date of Last Report
01/31/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 9022 Deercrest Ct.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$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

100%

Yes □ No

9. Name and Address of Current Registered Agent

BRIDGE, REBECCA R.
12785 DANBROOK ST
JAX FL 32223

10. Name and Address of New Registered Agent

81 Name

Jackson, Rebecca B.

82 Street Address (P.O. Box Number is Not Acceptable)

9022 Deercrest Ct

83

84 City

Jax

FL

85 Zip Code

32256

11. Pursuant to the provisions of Sections 119.07, 119.0502 and 607.1108, 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 607.0105, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

2-3-97
DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

V
NAME BRIDGE, REBECCA R.
STREET ADDRESS 9550 SUNBEAM CENTER DRIVE
CITY-ST-ZIP JAX FL

TITLE ☐ DELETE

PST
NAME BRIDGE, REBECCA R.
STREET ADDRESS 9550 SUNBEAM CENTER DRIVE
CITY-ST-ZIP JAX FL

TITLE ☐ DELETE

TITLE ☐ DELETE

TITLE ☐ DELETE

TITLE ☐ DELETE

TITLE ☐ DELETE

TITLE ☐ DELETE

TITLE ☐ DELETE

TITLE ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 to this address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/97 904-292-0128
904-519-2158
Daytime Phone

CR2E034 (9/96)