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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

May 08 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L33120

(1)

	RIVER CONSERVANCY, INC	C.						
Principal Place of Business Mailing Address  C/O JAMES E. MOORE. III P.O. BOX 1249  1625 W MARION AVE SUITE 6 PUNTA GORDA FL 33951-1249  PUNTA GORDA FL 33950					1			
JS .					3. Date incorporated or Qualified 12/01/1989		te of Last F 4/1996	leport
2. Principal F	Place of Business	2a. Mailing Address 26			4. FEI Number 65-0163266	- <del></del>		oplied For ot Applicable
Suite Apt.	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75	Additional equired
City & Stat	le	City & State	·		6. Election Campaign Financing			May Be
2ip	Country	28 Zip	Cou	ntry	Trust Fund Contribution  8. This corporation has liability for	intangible t		to Fees
14	9. Name and Address of Curre	29	30		Florida Statutes	☐ Yes ☐	] No	
MC (	QUEEN, PAULA F., MRS.	int negistered Agent		81 Name	10. Name and Address of New R	egistered A	gent	
	S WEST MARION AVENUE					<del> </del>		
SUITE 6				82 Street Add	fress (P.O. Box Number is Not Accepta	ible)		
PUN	TA GORDA FL 33950			83	**************************************			
				84 City		FL	85 Zip	Code
11. Pursuant office or r	to the provisions of Sections 607.05 registered agent, or both, in the Stat am familiar with and accept the oblig	02 and 607.1508, Florida Statue of Florida Such change was	ites, the ab	ove-named cor	poration submits this statement for the	purpose of	changing i	ts registered
agent. La	am familiar with, and accept the oblig	gations of, Section 607.0505, F	Iorida Stati	d by the corpora utes.	ation's board of directors. Thereby acce	prine appo		
							- Tork do	
SIGNATURE	Signature: typic Lor printed name of registered as	(NO oldbouldge if still bus meg	TE: Registered		plied when reinstating)	DATE		
SIGNATURE	Signature: typic Lor printed name of registered as			I Agent signature requ		DATE ICERS AND		
SIGNATURE 12. INT	Signature typed or ponted name of registered as OFF ICERS AN PO MCQUEEN, ROBERT M	gent and title if applicable (NO NO DIRECTORS	TE: Registered	Agent signature requ	plied when reinstating)	DATE ICERS AND	DIRECTO	RS IN 12
SIGNATURE 12. ITLE IAME	Signature typed or ported name of registered as OFF ICERS AN PD MCQUEEN, ROBERT M 2330 SHORE DR.	gent and title if applicable (NO NO DIRECTORS	TE: Registered 13. 1.1 TiT	Agent signature requ	plied when reinstating)	DATE ICERS AND	DIRECTO	RS IN 12
SIGNATURE  12.  UITLE  NAME  STREET ALORESS  CITY-ST-ZIP	Signature type: For printed name of registered at OFF ICERS AN PD MCQUEEN, ROBERT M 2330 SHORE DR. PUNTA GORDA FL	gent and lite if applicable (NO ND DIRECTORS DELETE	13. 1.1 TH 1.2 NA 1.3 ST	Agent signalure requires	plied when reinstating)	DATE ICERS AND	DIRECTO	RS IN 12
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