FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -4 AM 10:53

DOCUMENT # **L66316** **(5)**

1. Corporation Name
SILVER RIVER INVESTMENTS, INC.

Principal Place of Business	Mailing Address
P. O. BOX 276 OCKLAWAHA FL 32179	P. O. BOX 276 OCKLAWAHA FL 32179

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **04/18/1990**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 16784 SE 63rd Ln
Suite, Apt. #, etc.
27
City & State
28 Ocklawaha
Zip 29 32179 Country 30 Marion

4. FEI Number: **59-3014608** ☐ 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

YOUNGKIN, PAUL
18115 SE 95TH ST. RD.
OKLAWAHA FL 32179

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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 _____ DATE _____
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	11 TITLE	☐ Change ☐ Addition
NAME	BRANT, TIM	12 NAME	
STREET ADDRESS	237 SW KINGS BAY DR.	13 STREET ADDRESS	
CITY ST ZIP	CRYSTAL RIVER FL	14 CITY ST ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	BRANT, KAY	22 NAME	
STREET ADDRESS	237 SW KINGS BAY DR.	23 STREET ADDRESS	
CITY ST ZIP	CRYSTAL RIVER FL	24 CITY ST ZIP	
TITLE	ST	31 TITLE	☒ Change ☐ Addition
NAME	YOUNGKIN, ROBERTA	32 NAME	ST Betty R. Kirkendall
STREET ADDRESS	RT. 3 BOX 579	33 STREET ADDRESS	16784 SE 63rd Ln
CITY ST ZIP	OCKLAWAHA FL	34 CITY ST ZIP	Ocklawaha, Fl 32179
TITLE	P	41 TITLE	☐ Change ☐ Addition
NAME	YOUNGKIN, PAUL	42 NAME	
STREET ADDRESS	RT. 3 BOX 579	43 STREET ADDRESS	
CITY ST ZIP	OCKLAWAHA FL	44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Betty R Kirkendall S/T 3/29/95 904-625-3057
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Betty R Kirkendall

0404847 FP