

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **M04326** (8)

1. Corporation Name  
**RIVERLAKE DEVELOPMENT, INC.**



Principal Place of Business  
**4200 MAHAGONY RUN SE  
WINTER HAVEN FL 33884**

Mailing Address  
**4200 MAHAGONY RUN SE  
WINTER HAVEN FL 33884**

3. Date Incorporated or Qualified <b>08/22/1984</b>	3a. Date of Last Report <b>07/05/1995</b>
4. FEI Number <b>58-1611273</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**CLARK, E. JOHN, III  
4200 MAHOGONY RUN SE  
WINTER HAVEN FL 33884**

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

TITLE	SD	<input type="checkbox"/> DELETE
NAME	CURRAN, ALBERT F.	
STREET ADDRESS	331 MONTVALE	
CITY- ST- ZIP	WOBURN MA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LEROUX, EDWARD G., JR.	
STREET ADDRESS	331 MONTVALE	
CITY- ST- ZIP	WOBURN MA	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	CLARK, E. JOHN III	
STREET ADDRESS	4200 MAHAGONY RUN SE	
CITY- ST- ZIP	WINTER HAVEN FL 33884	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	DUNN, RAYMOND J. III	
STREET ADDRESS	304 CAMBRIDGE ROAD	
CITY- ST- ZIP	WOBURN MA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCCOY, RICHARD P.	
STREET ADDRESS	ONE INDUSTRIAL DRIVE	
CITY- ST- ZIP	WINDHAM NH	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COLLEY, EUGENE O.	
STREET ADDRESS	ONE INDUSTRIAL DRIVE	
CITY- ST- ZIP	WINDHAM NH	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-26-96 941-293-3171

CR2E034 (12/95)