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Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90032 017 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M572010K (9)

1. Corporation Name

RIVERHOUSE, INC.

Principal Place of Business

948 South U.S. Hwy. 1
VERO BEACH, FL 32962

Mailing Address

948 South U.S. Hwy. 1
VERO BEACH, FL 32962

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/12/1987

2. Principal Place of Business

21 1200 INDIAN RIVER DRIVE

2a. Mailing Address

26 1200 Indian River Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 SEBASTIAN, FL

City & State

28 Sebastian, FL

Zip

24 32958

Country

25 USA

Zip

29 32958

Country

30 USA

4. FEI Number

65-0013668

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

*DEROSS, JOSEPH J., JR.
100 AVENUE A.
SUITE C
FORT PIERCE, FL 34950

81 Name

L. F. HANKINS

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

1200 Indian River Dr.

83

84 City

Sebastian

FL

85 Zip Code

32958

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]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-12-99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME HANKINS, L. F.
STREET ADDRESS 948 S. U.S. Highway One
CITY-ST-ZIP Vero Beach, FL 32962

1.1 TITLE D ☐ Change ☐ Addition
1.2 NAME HANKINS, L. F.
1.3 STREET ADDRESS 1200 Indian River Dr.
1.4 CITY-ST-ZIP Sebastian, FL 32958

TITLE D ☐ DELETE
NAME HANKINS, PHYLLIS S.
STREET ADDRESS 948 S. U.S. Highway One
CITY-ST-ZIP Vero Beach, FL 32962

2.1 TITLE D ☐ Change ☐ Addition
2.2 NAME HANKINS, PHYLLIS S.
2.3 STREET ADDRESS 1200 Indian River Dr.
2.4 CITY-ST-ZIP Sebastian, FL 32958

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PHYLLIS S. HANKINS

Date

4-12-99

Daytime Phone #

561-589-4422

CR2E034 (1/98)