


FILE NOW: FILING FEE IS \$61.25

FILED  
Aug 26 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000002696 (3)**

1. Corporation Name

**RIVER CITY RESTAURANT GROUP, INC.**

Principal Place of Business

Mailing Address

**4551 SHIRLEY AVE.  
JACKSONVILLE FL 32210**

**4551 SHIRLEY AVE.  
JACKSONVILLE FL 32210**



2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt #, etc.	26 Suite, Apt #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	25
29	30

3. Date Incorporated or Qualified

**06/16/1993**

4. FEI Number

**59-3187171**

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**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MORRIS, RICHARD M  
2363 STONEBRIDGE DR  
SUITE 1  
ORANGE PARK FL 32065**

81 Name

**JAMES L. CLEMONS**

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

**4538 ORTEGA FOREST DRIVE**

83

84 City

**JACKSONVILLE**

**FL**

85 Zip Code **32210**

11. Pursuant to the provisions of Sections 617.0562 and 617.1508, 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 617.0503, 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MCCARTHY, BRIAN K</b>	
STREET ADDRESS	<b>212 N 14TH ST</b>	
CITY-ST-ZIP	<b>FERNANDINA BEACH FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BURNS, ROBERT K</b>	
STREET ADDRESS	<b>12559 BRADY PLACE BLVD</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32223</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>PITTMAN, REBECCA W</b>	
STREET ADDRESS	<b>853 QUEENS HARBOR BLVD</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32225</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MORRIS, RICHARD M</b>	
STREET ADDRESS	<b>2363 STONEBRIDGE DR</b>	
CITY-ST-ZIP	<b>ORANGE PARK FL 32170</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>JAMES L. CLEMONS</b>	
1.3 STREET ADDRESS	<b>5400 VERNA BLVD SUITE 8</b>	
1.4 CITY-ST-ZIP	<b>JACKSONVILLE, FL 32205</b>	
2.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>CORKEY BERGAMO</b>	
2.3 STREET ADDRESS	<b>3305 PARENTAL HOME RD</b>	
2.4 CITY-ST-ZIP	<b>JACKSONVILLE, FL 32216</b>	
3.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>JENNIFER KRING</b>	
3.3 STREET ADDRESS	<b>6120-10 POWERS AVE SUITE 137</b>	
3.4 CITY-ST-ZIP	<b>JACKSONVILLE, FL 32217</b>	
4.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>JON WILKINSON</b>	
4.3 STREET ADDRESS	<b>4040 PHILLIPS HWY</b>	
4.4 CITY-ST-ZIP	<b>JACKSONVILLE, FL 32207</b>	
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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE

CR2E037 (10/97)