


FILED

Jul 20, 1999 8:00 am
Secretary of State

07-20-1999 90032 028 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000002696

1. Corporation Name

RIVER CITY RESTAURANT GROUP, INC.

Principal Place of Business

4551 SHIRLEY AVE.
JACKSONVILLE FL 32210

Mailing Address

4551 SHIRLEY AVE.
JACKSONVILLE FL 32210

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	2b	06/16/1993
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-3187171
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Country	5. Certificate of Status Desired
24	25	<input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing
		Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

CLEMONS, JAMES L
4538 ORTEGA FOREST DR
JACKSONVILLE FL 32210

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

FL

11. Pursuant to the provisions of Sections 617.0502 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 re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	0 <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLEMONS, JAMES L	1.2 NAME	
STREET ADDRESS	5400 VERNA BLVD STE 8	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32205	1.4 CITY-ST-ZIP	
TITLE	0 <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERGAMO, CORKEY	2.2 NAME	
STREET ADDRESS	3305 PARENTAL HOME RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32216	2.4 CITY-ST-ZIP	
TITLE	0 <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRING, JENNIFER	3.2 NAME	
STREET ADDRESS	6120-10 POWERS AVE, STE 137	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32217	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILKINSON, JON	4.2 NAME	
STREET ADDRESS	4040 PHILLIPS HWY	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32207	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	PITMAN, REBECCA W.
STREET ADDRESS		5.3 STREET ADDRESS	853 QUEENS HARBOR BLVD
CITY-ST-ZIP		5.4 CITY-ST-ZIP	JACKSONVILLE, FL 32225
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE:

(Signature)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-12-99

904-730-8081

Date

Daytime Phone #

CR2E037 (1/98)