

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90265 031 ***150.00

DOCUMENT # P92000010295

1. Corporation Name
RIVER ROAD LAND COMPANY

Principal Place of Business
P.O. BOX 826
TELLEVAST FL 34270-0826

Mailing Address
P.O. BOX 826
TELLEVAST FL 34270-0826

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/07/1992

4. FEI Number

65-0379250

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

2. Principal Place of Business

21 1575 Main Street

Suite, Apt. #, etc.

22

City & State

23 Sarasota FL

Zip

24 34236 25 Sarasota

Country

2a. Mailing Address

26 1575 Main Street

Suite, Apt. #, etc.

27

City & State

28 Sarasota FL

Zip

29 34236 30 Sarasota

Country

9. Name and Address of Current Registered Agent

KENT, WENDEL F.
6121 RICHARDSON RD.
SARASOTA FL 34240

10. Name and Address of New Registered Agent

81 Name

KENT, WENDEL F.

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

1575 MAIN STREET

83

84 City

SARASOTA

FL

85 Zip Code
34236

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 Wendel F. Kent

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

(NOTE: Registered Agent signature required when replacing agent.)

DATE

4-12-99

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME KENT, WENDEL F.

STREET ADDRESS 6121 RICHARDSON RD.

CITY-ST-ZIP SARASOTA FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

1575 Main Street

Sarasota FL 34236

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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 REQUIRED

Wendel F. Kent

Date

4-12-99

Daytime Phone #

941-330-8637

CR2E034 (11/98)

0484289