FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED AND FILED
95 MAY -1 AM 8:09
SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P93000044574 (O)

1. Corporate Name

RIVERWOOD MANAGEMENT COMPANY

Principal Place of Business	Mailing Address
12800 UNIVERSITY DR. SUITE 350 FT. MYERS FL 33907	12800 UNIVERSITY DR. SUITE 350 FT. MYERS FL 33907

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/23/1993
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0418470 — 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
TAYLOR, ROBERT 12800 UNIVERSITY DR. SUITE 350 FT. MYERS FL 33907	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 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 ______ DATE ______

12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	TAYLOR, ROBERT	12 NAME	
STREET ADDRESS	12800 UNIVESITY DR., #350	13 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL 33907	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	ANDERSON, ROBERT F	22 NAME	
STREET ADDRESS	12800 UNIVERSITY DR., #350	23 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL 33907	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	BOURNE, ROBERT	32 NAME	
STREET ADDRESS	400 E. SOUTH ST., SUITE 500	33 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32801	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	INGE, RON	42 NAME	
STREET ADDRESS	5351 SIX MILE CYPRESS PARKWAY	43 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL 33912	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	BROWN, BRYAN	52 NAME	
STREET ADDRESS	148 SANTOS DR.	53 STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL 33983	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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.

SIGNATURE: [signature] 4/28/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Robert M. Taylor

Date / Daytime Phone #

0321271 CP