FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 2:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000035527 (8)**

1. Corporation Name
RIVER PROPERTY MANAGEMENT, INC.

Principal Place of Business	Mailing Address
121 COMFORT RD RT 6 BOX 912 PALATKA FL 32177	121 COMFORT RD RT 6 BOX 912 PALATKA FL 32177

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/11/1994
3a. Date of Last Report:

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

4. FEI Number: 59-3239922 ☐ 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

9. Name and Address of Current Registered Agent

~~PICKENS, JOE H~~
~~222 N THIRD ST~~
~~PALATKA FL 32177~~

10. Name and Address of New Registered Agent

01 Name: William L. Townsend, Jr.
02 Street Address (P.O. Box Number is Not Acceptable): 200 Reid St. First Union Bldg.
03: Palatka, FL
04 City: FL 05 Zip Code: 32177

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: ~~Pickens~~ [signature] 4/27/95
Signature (type 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	~~DP~~	11 TITLE	☐ Change ☐ Addition
NAME	~~SCRUGGS, JOSEPH~~	12 NAME	
STREET ADDRESS	~~RT 6 BOX 912~~ Resigned	13 STREET ADDRESS	
CITY-ST-ZIP	~~PALATKA FL 32177~~	14 CITY-ST-ZIP	
TITLE	~~DV~~	21 TITLE	☒ Change ☐ Addition
NAME	MCNEILL, JERRY	22 NAME	DPT McNeill, Jerry
STREET ADDRESS	RT 6 BOX 912	23 STREET ADDRESS	Rt 6, Box 912
CITY-ST-ZIP	PALATKA FL 32177	24 CITY-ST-ZIP	Palatka, FL 32177
TITLE	~~DS~~	31 TITLE	☐ Change ☐ Addition
NAME	~~RICHTER, STEVE~~	32 NAME	
STREET ADDRESS	~~RT 6 BOX 912~~ Resigned	33 STREET ADDRESS	
CITY-ST-ZIP	~~PALATKA FL 32177~~	34 CITY-ST-ZIP	
TITLE	~~DT~~	41 TITLE	☒ Change ☐ Addition
NAME	MYERS, CHARLES	42 NAME	DVS MYERS, Charles
STREET ADDRESS	RT 6 BOX 912	43 STREET ADDRESS	Rt 6, Box 912
CITY-ST-ZIP	PALATKA FL 32177	44 CITY-ST-ZIP	Palatka, FL 32177
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		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] 4-27-95 (904) 325-1055
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Jerry McNeill, President

0013360 CP