

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

FILED

Apr 16 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **P94000043984 (1)**

1. Corporation Name

**RIVER CITY POOL LEAGUE, INC.**

Principal Place of Business

**6114 GOODMAN RD.  
STE 1  
JACKSONVILLE FL 32244  
US**

Mailing Address

**PO BOX 14202  
JACKSONVILLE FL 32238-1202  
US**



2. Principal Place of Business

**21 10732 GOLDEN SPIKE LN**

2a. Mailing Address

**26 PO BOX 56935**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**23 JACKSONVILLE, FL.**

City & State

**28 JACKSONVILLE, FL.**

Zip

**24 32257**

Country

**25 US**

Zip

**29 32241**

Country

**30 US**

9. Name and Address of Current Registered Agent

**BIRD, ROBERT M  
6114 GOODMAN RD.  
STE 1  
JACKSONVILLE FL 32244**

3. Date Incorporated or Qualified

**06/13/1994**

3a. Date of Last Report

**07/05/1996**

4. FEI Number

**59-3267539**

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

10. Name and Address of New Registered Agent

81 Name

**ROBERT M. BIRD**

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

**10732 GOLDEN SPIKE LN.**

83

84 City

**JACKSONVILLE**

**FL**

85 Zip Code

**32257**

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

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

(NOTE: Registered Agent signature required when reinstating)

4-7-97

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

**D  
BIRD, ROBERT M  
6114 GOODMAN RD. SUITE 3  
JACKSONVILLE FL 32244**

☒ DELETE

**D  
SURLS, RUFUS R JR  
6114 GOODMAN RD. SUITE 3  
JACKSONVILLE FL 32244**

☐ DELETE

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SURLS, RUFUS R JR  
6114 GOODMAN RD. SUITE 3  
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JACKSONVILLE FL 32244**

☐ DELETE

**D  
SURLS, RUFUS R JR  
6114 GOODMAN RD. SUITE 3  
JACKSONVILLE FL 32244**

SIGNATURE: **ROBERT M. BIRD**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

**D  
ROBERT M. BIRD  
10732 Golden Spike Ln.  
Jacksonville, FL. 32257**

☐ Change ☐ Addition

**D  
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Jacksonville, FL. 32257**

☐ Change ☐ Addition

14. I do 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.

SIGNATURE:

**ROBERT M. BIRD**

4-7-97

Date

904-880-8707

Daytime Phone: #

0043891

CR2E034 (9/96)