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Apr 29 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 # P94000055286 (6)

1. Corporation Name
RIVER COUNTRY AGENCY, INC.



Principal Place of Business: 505 ST JOHNS AVE, PALATKA FL 32177, US
Mailing Address: 926 N SUMMIT ST, CRESCENT CITY FL 32112-1725

3. Date Incorporated or Qualified: 07/20/1994
3a. Date of Last Report: 05/01/1996
4. FEI Number: 59-3258063
5. Certificate of Status Desired: K \$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
21 Sulte, Apt. #, etc.
22 City & State
23 Zip Country
24 Zip Country
2a. Mailing Address
26 Sulte, Apt. #, etc.
27 City & State
28 Zip Country
29 Zip Country
30

9. Name and Address of Current Registered Agent
REITER, STUART A
926 N SUMMIT ST
CRESCENT CITY FL 32112

10. Name and Address of New Registered Agent
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: *Stuart A. Reiter* DATE: 4/24/97

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	REITER, STUART A.	
STREET ADDRESS	RT 2 BOX 769 N/A	
CITY-ST-ZIP	CRESCENT CITY FL	
TITLE	VST	<input type="checkbox"/> DELETE
NAME	BANTA, JODI C.	
STREET ADDRESS	24920 NE 187 LANE	
CITY-ST-ZIP	FT MCCOY FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	LAURIE, WILLIAM T.	
STREET ADDRESS	164 RIDGE LAKE RD	
CITY-ST-ZIP	LAKE COMO FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	REITER, JANEEL.	
STREET ADDRESS	RT 2 BOX 769	
CITY-ST-ZIP	CRESCENT CITY FL 32112	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ASSISTANT TREASURER
2.3 STREET ADDRESS	BANTA, JODI C.
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: *Stuart A. Reiter* DATE: 4/24/97 904-698-2400

CR2E034 (9/96)