

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000019605 (1)

1. Corporation Name

RIVER CITY EXPRESS MANAGEMENT, INC

Principal Place of Business

9802 BAY MEADOWS ROAD  
SUITE 12  
JACKSONVILLE FL 32256

Mailing Address

9802 BAY MEADOWS ROAD  
SUITE 12  
JACKSONVILLE FL 32256



3. Date Incorporated or Qualified  
03/09/1995

3a. Date of Last Report  
3-9-95

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3369860

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AMOS, JANICE  
722 CORAL BAY  
PONTE VEDRA BEACH FL 32082

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

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

(NOTE: Registered Agent Signature required when reappointing)

Janice Amos

4-24-96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

1.1 TITLE President - P  
1.2 NAME Myrna Strain  
1.3 STREET ADDRESS 9802 Bay Meadows Rd. suite 12  
1.4 CITY - ST - ZIP Jacksonville, Fla. 32256

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

2.1 TITLE Vice President - VP  
2.2 NAME Janice Amos  
2.3 STREET ADDRESS 722 Coral Bay  
2.4 CITY - ST - ZIP Ponte Vedra Beach, Fl. 32082

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

3.1 TITLE Treasurer  
3.2 NAME Cynthia Bowman  
3.3 STREET ADDRESS 1768 Daytona Lane  
3.4 CITY - ST - ZIP Jacksonville, Fla. 32218

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

4.1 TITLE Secretary - S/Director  
4.2 NAME Carol Gullatt  
4.3 STREET ADDRESS 1008 Turtle Creek Drive North  
4.4 CITY - ST - ZIP Jacksonville, Fla. 32218

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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)(k), 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:

Myrna Strain

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-96

DATE

904-287-1680

Daytime Phone

CR2E034 (12/95)