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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000023092 (6)

RIVERHOUSE LANDINGS, INC.

•	
Principal Place of Business	Mailing Address
1200 INDIAN RIVER DRIVE Sebastian FL 32958	1200 INDIAN RI Sebastian Fl
OSDINITE SEGO	SEDASIIAN FL

FILED
May 13 1998 8:00am
Secretary of State



ver drive DO NOT WRITE IN THIS SPACE us 3. Date Incorporated or Qualified 03/21/1995 2. Principal Place of Business 2a. Maiting Address Applied For 4. FEI Number 21 26 65-0566522 Not Applicable Suite. Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 8. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zŧρ Country 8. This corporation owes or has paid the current year Intangible 24 25 29 Personal Property Tax due June 30. Yes ☐ No 10. Name and Address of New Registered Agent 9, Name and Address of Current Registered Agent HANKINS, JIM F 1200 INDIAN RIVER DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) SEBASTIAN FL 32962 83 84 City 65 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 tille if applicable (NOTE: Registered Agent signature regured when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DST DELETE TITLE 1.1 TITLE Change Addition HANKINS, JAY B NAME 1.2 NAME STREET ADDRESS 1200 INDIAN RIVER DRIVE 1.3 STREET ADDRESS **SEBASTIAN FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE Channe Addition NAME HANKINS, JIM F 2.2 NAME 1200 INDIAN RIVER DRIVE STREET ADDRESS 2.3 STREET ADDRESS SEBASTIAN FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELFTE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP TITLE DELETE Change Addition 4 1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CiTY-ST-7IP DELETE TITLE 51 TITLE Change Addition NAME 52 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-ZIP 5 4 CITY-ST-ZIP DELETE TITLE Change Addition 61 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP

14. I 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.