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Apr 18 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 # P95000031512 (3)

1. Corporation Name

RIVERSCENE DEVELOPMENT CORPORATION

Principal Place of Business

11203 49 ST NO
UNIT F
CLEARWATER FL 34622
US

Mailing Address

11203 49 ST NO
UNIT F
CLEARWATER FL 34622-4809
US



2. Principal Place of Business

21 2600 24 St. No.

Suite, Apt. #, etc.

22 City & State

23 ST. PETERSBURG

24 Zip 33713

Country

25 Pinellas

2a. Mailing Address

26 2600 24 St. No.

Suite, Apt. #, etc.

27 City & State

28 ST. PETERSBURG

29 Zip 33713

Country

30 Pinellas

9. Name and Address of Current Registered Agent

SHARI NOLES
7287 CHANNELSIDE LN
PINELLAS PARK FL 34085

3. Date Incorporated or Qualified

04/21/1995

3a. Date of Last Report

03/15/1996

4. FEI Number

APPLIED FOR 59-3366972

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

Same

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

Same

83

84 City

Same

FL

85 Zip Code 33781

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: *Shari Noles*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME SHARI NOLES
STREET ADDRESS 7287 CHANNELSIDE LN
CITY-ST-ZIP PINELLAS PARK FL

TITLE S ☐ DELETE
NAME PAMELA J KELLEHER
STREET ADDRESS 5291 82 AVE NO
CITY-ST-ZIP PINELLAS FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP 33781

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP 33781

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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

6.1 TITLE ☐ Change ☐ 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: *Shari Noles*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)