

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

AMENDED
PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 NOV 15 PM 2:23

DOCUMENT # P95000031512

1. Corporation Name

RIVERSCENE DEVELOPMENT CORPORATION

Principal Place of Business

Mailing Address

14907 S.R. 60 E., UNIT B
LAKE WALES, FL 33853

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

APRIL 21, 1995

2. Principal Place of Business

2a. Mailing Address

21. SAME

26.

4. FEI Number

59-3366972

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

22. City & State

27. City & State

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

23. Zip

Country

28. Zip

Country

8. This corporation owes the current year intangible
Personal Property Tax. ☒ Yes ☐ No

24.

25.

29.

30.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81. Name

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

4069 LAKE KOTSA DR.

83.

84. City LAKE WALES

FL

85. Zip Code 33853

SHARI L. NOLES
7267 CHANNELSIDE LANE
PINELLAS PARK, FL 33853

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

SHARI L. NOLES

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE PAMELA J. KELLEHER
1.2 NAME 5291 2nd AVENUE
1.3 STREET ADDRESS PINELLAS PARK, FL 33781
1.4 CITY-ST-ZIP
☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
☐ DELETE

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

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

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE SHARI L. NOLES P ☐ Change ☒ Addition
1.2 NAME 4069 LAKE KOTSA DR.
1.3 STREET ADDRESS LAKE WALES, FL 33853
1.4 CITY-ST-ZIP

2.1 TITLE 3 ☒ Change ☐ Addition
2.2 NAME DENNIS W. MEYER
2.3 STREET ADDRESS 4069 LAKE KOTSA DR.
2.4 CITY-ST-ZIP LAKE WALES, FL 33853

3.1 TITLE T ☐ Change ☒ Addition
3.2 NAME WOODROW W. ELLISON, JR.
3.3 STREET ADDRESS 4009 LAKE KOTSA DR.
3.4 CITY-ST-ZIP LAKE WALES, FL 33853

4.1 TITLE 200003050502--G ☐ Change ☐ Addition
4.2 NAME -11/22/99 - 01016-016
4.3 STREET ADDRESS *****61.75 *****61.75
4.4 CITY-ST-ZIP

5.1 TITLE 11/17 ☐ 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 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, with all other like empowered.

SIGNATURE: SHARI L. NOLES, PRES. 11/17
Signature and typed or printed name of signing officer or director Date
Daytime Phone # 863-692-2541

CR2E034 (1/98)