

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

FILED

Apr 09 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 # **P95000046868 (2)**

1. Corporation Name
RIVER CITY PARKING CORPORATION

Principal Place of Business
**80 PLAYERS CLUB VILLAS
PONTE VEDRA BEACH FL 32082**

Mailing Address
**80 PLAYERS CLUB VILLAS
PONTE VEDRA BEACH FL 32082-3117**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/15/1995	3a. Date of Last Report 04/24/1996
21. Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	4. FEI Number 59-3324178	Applied For Not Applicable
25. Suite, Apt. #, etc.	26. City & State	27. Zip	28. Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
29. Suite, Apt. #, etc.	30. City & State	31. Zip	32. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

**RAX CO.
C/O MAHONEY ADAMS & CRISER, P.A.
50 N. LAURA ST., 3400 BARNETT CENTER
JACKSONVILLE FL 32202**

81. Name
Dennis M. Williams
82. Street Address (P.O. Box Number Not Acceptable)
80 Players Club Villas
83. **P**
84. City
Ponte Vedra Bch **FL** 85. Zip Code
32082

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 **Dennis M. Williams, P**

D. Williams

4/1/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE PTD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME WILLIAMS, DENNIS M		1.2 NAME	
STREET ADDRESS 80 PLAYERS CLUB VILLAS		1.3 STREET ADDRESS	
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082		1.4 CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FREEMAN, ROBERT D		2.2 NAME	
STREET ADDRESS 69 PLAYERS CLUB VILLAS		2.3 STREET ADDRESS	
CITY-ST-ZIP PONTE VEDRA BEACH FL		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE VSD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME Sara O. Williams	
STREET ADDRESS		3.3 STREET ADDRESS 80 Players Club Villas	
CITY-ST-ZIP		3.4 CITY-ST-ZIP Ponte Vedra Beach FL 32082	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: **D. Williams** **DENNIS M. WILLIAMS** **4/1/97** **904/285-1279**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

0018062

CR2E034 (9/96)