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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P95000046868

1. Corporation Name

RIVER CITY PARKING CORPORATION

SIGNATURE:

Principal	Place	οf	Business

Mailing Address

FILED Apr 05, 1999 8:00 am Secretary of State

04-05-1999 90028 029 ***150.00



Cip& State 23 Ponte Vedra Beach F 28 Ponte Vedra Bch F 2 6. Election Campaign Financi Trust Fund Contribution Zip 3082 25 USA 29 30082 30 USA 9. Name and Address of Current Registered Agent City& State Vedra Bch F 2 6. Election Campaign Financi Trust Fund Contribution 8. This corporation owes the Personal Property Tax. 10. Name and Address of New York Parts of New	d 🗆	\$8.75 Fee \$5.0	Applied For Not Applicable Additional Required
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Cip& State Cip& State Country Country A Suite, Apt. #, etc. Suite, Apt. #, etc. City& State Country Country A Suite, Apt. #, etc. Suite, Apt. #, etc. City& State Country Country A Suite, Apt. #, etc. Suite, Apt. #, etc. City& State Country Country A Suite, Apt. #, etc. Suite, Apt. #, etc. City& State Country Country A Suite, Apt. #, etc. Suite, Apt. #, etc. Country Country A Suite, Apt. #, etc. Suite, Apt. #, etc. Country Country A Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Country Country A Suite, Apt. #, etc. Suite, Apt. #, et	ing _	\$8.75 Fee \$5.0	Not Applicable Additional Required
Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired Cip & State Cip & State Country Zip Country Country A Suite, Apt. #, etc. Cit P & State Country Zip Country A Zip Country A Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Cip & State Country Country A Suite, Apt. #, etc. Suite, Apt.	ing _	\$8.75 Fee \$5.0	Additional Required
22 27 5. Certificate of Status Desired City & State Volta Beach F 28 City & State Volta Beach F 28 Country Country Country A 29 33083 30 USA Personal Property Tax. 9. Name and Address of Current Registered Agent 5. Certificate of Status Desired F 29 City & State Volta Beach F 28 Country Country & A 29 C	ing _	Fee \$5.0	Required
23 PONTE VEGYA Country Zip Zip Zip Zip Zip Zip Zip Zi			
Zip 3 3 0 8 2 25 USA 29 3 0 8 2 30 USA 8. This corporation owes the Personal Property Tax. 9. Name and Address of Current Registered Agent 10. Name and Address of New York N	current year		May Be to Fees
		Yes	≯ No
	ew Register	red Agent	
WILLIAMS, DENNIS M 80 PLAYERS CLUB VILLAS PONTE VEDRA BCH FL 32082 82 Street Address (P.O. 86x Number is Not Acco	h F	EL 85 Z	33082
 Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby ac agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. 	the purpose ccept the ap	e of changing opointment as	its registered registered
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE		
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO	OFFICERS	AND DIREC	TORS IN 12
TIME PTD DELETE 1.1 TIME		Chang	e
NAME WILLIAMS, DENNIS M	Λ		
STREET ADDRESS 80 PLAYERS CLUB VILLAS 1.3 STREET ADDRESS 65 27 Burnham Ponte Vedra Beach FL 1.4 CITY-ST-ZIP Ponte Vedra Beach	Cr.	_	
CITY-ST-ZIP PONTE VEDRA BEACH FL 1.4 CITY-ST-ZIP Ponte Vodra bea	ich F	L 32	082 <u> </u>
TITLE VSD DELETE 2.1 TITLE	ī	(4) Chang	e Addition
NAME WILLIAMS, SARA O 22 NAME , A	Λ		
STREET ADDRESS 80 PLAYERS CLUB VILLAS CITY-ST-ZIP PONTE VEDRA BCH FL 22 NAME 23 STREET ADDRESS 6527 Burnhan C 24 CITY-ST-ZIP Ponte Vedra Beau			•
CITY-ST-ZIP PONTE VEDRA BCH FL 2.4 CITY-ST-ZIP Ponte Vedra Beau	ch FC	- 320	182- <u> </u>
TIME DELETE 3.1 TIME	1	Chang	e Addition
NAME 3.2 NAME			
STREET ADDRESS 3.3 STREET ADDRESS			
CITY-ST-ZIP 3.4. CITY-ST-ZIP			
TITLE DELETE 4.1 TITLE		Chang	e Addition
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STREET ADDRESS 5.3 STREET ADDRESS			
CITY-ST-ZIP 5.4 CITY-\$T-ZIP			
TITLE DELETE 6.1 TITLE		Chang	e Addition
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 filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statuti indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect.	es. I further	certify that the	e information