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 # P95000057798 (7)

Country

9, Name and Address of Current Registered Agent

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Joiner, Carol 1403 E. North Street

TAMPA FL 33604

PURE RIVER, INC.

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4	. 1400	U D	3311,033

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

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1403 E. NORTH STREET TAMPA FL 33604

Suite, Apt. #, etc.

City & State

2. Principal Place of Business

Principa

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Zip

1403 E. NORTH STREET TAMPA FL 33604

FILED Apr 22 1998 8:00am Secretary of State

	DO NOT WRITE	E IN THIS	S SPACE				
3.	Date Incorporated or Qualified						
	07/24/1995						
4.	FEI Number			Applied For			
	59-3333925			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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No						
10.	(Q. Name and Address of New Registered Agent						

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

			55							
			84	City	 	FL 85 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 tellorif applicable (NOTE: Registered Agent signature required when reinstating) DATE										
12.	OFFICERS AND I	DIRECTORS	13.		ADDITIONS/CHANGES TO C	OFFICERS AND DIRECTOR	RS IN 12			
TITLE	P	☐ DELETE	1.1 TITLE			Change	Addition			
NAME	KELLEY, RANDALL		1.2 NAME							
STREET ADDRESS	1403 E. NORTH STREET		13 STREET	ADDRESS						
CITY-ST-ZIP	TAMPA FL 33604		1.4 CITY- ST	r- ZIP						
TITLE	8	☐ DELETE	21 TITLE			☐ Change	☐ Addition			
NAME	JOINER, CAROL		22 NAME							
STREET ADDRESS	2410 68TH STREET S.		2.3 STREET	ADDRESS						
CITY-ST-ZIP	TAMPA FL 33619		2 4 CITY-S	T-ZIP						
TITLE	VP	À DELETE	31 TITLE			Change	☐ Addition			
NAME	BEAUCHAMP, DAVID		3 2 NAME							
STREET ADDRESS	19801-B LIVINGSTON AVE		3 3 STREET	ADDRESS						
CITY-ST-ZIP	<u>LUTZ FL 33549</u>		3 4. CITY - S	T-ZIP						
TITLE	VP	☐ DELETE	4 1 THILE		•	Change	Addition			
NAME	HO LDER, GEORGINA		4 2 NAME							
STREET ADDRESS	718 STILLVIEW CIRCLE		4.3 STREET	ADDRESS						
CITY-ST-ZIP	BRANDON FL 33510		4.4 CITY - ST	- ZIP						
TITLE		☐ DELETE	5 1 TITLE			Change	Addition			
NAME			5.2 NAME			7	\Rightarrow $ $			
STREET ADDRESS			5.3 STREET	ADDRESS		t	じつつ			
CITY+ST-ZIP	······································		5.4 CITY - ST	- ZIP			1.00			
TITLE	$\mathcal{L}_{\mathcal{A}_{p}}$	☐ DELET e	61 TITLE		4000024	hange Half-hange	☐ Addition			
NAME			6.2 NAME		-04/22/980	11049019				
STREET ADDRESS	·#		63 STREET	ADDRESS	***150.00					
CITV_C7_7ID			64 DITY-ST	_ 7IP						

Country

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14. Thereby 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.

Annal 14 1000 (813) 228-880