## 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 # P95000062945 (7)

RIVERTOWN ANTIQUE MALL, INC.

Principal Place of Business

Mailing Address

**FILED** Feb 20 1998 8:00am Secretary of State



(904)

Trinoipai Fiaci	0 01 00311033	Maning Address					
114 SOUTH WOODLAND BLVD. DELAND FL 32720		114 SOUTH WOODLAND DELAND FL 32720	114 SOUTH WOODLAND BLVD. DELAND FL 32720				
					DO NOT WRITE IN THI	S SPACE	
					3. Date Incorporated or Qualified 08/14/1995		
2. Principal Place of Business 2a. Mailing Address					4. FEI Number		Applied For
26					59-3337296	<del>- +</del>	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.			,		S8 75 Additional		
22 City & State	<u> </u>	27 City & State	City & State		5. Certificate of Status Desired Fee Required		
23	28				6. Election Campaign Financing Trust Fund Contribution		O May Be d to Fees
Zip 24	Country 25	Zip 29	Zip Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		
<u> </u>	9, Name and Address of Curre		[30]		10. Name and Address of New Registere		Пио
NAC-	<del></del>		8	I Name	Ig. Italio dia Pionioso di Itali ilagistalo	2 Agont	•
	KENNA, DANIEL C		L				
734 NORTH TUXEDO AVENUE DELAND FL 32714				Street Add	et Address (P.O. Box Number is Not Acceptable)		
			8:				
			84	City		<b>85</b> Zip	p Code
44 Durament t	o the provinions of Spetians 607 05	02 and 607 1508 Florida Nat t					76
office or re agent. I ar	o the provisions of Sections 607.056 egistered agent, or both, in the State in familiar with, and accept the oblig	oz and 607.1808, Florida Statuti e of Florida. Such change was a gations of, Section 607.0506, Flo	es, me aco authorized t orida Statute	ye-named cor by the corpora s.	rporation submits this statement for the purpose ation's board of directors. I hereby accept the ap-	or changing opointment a	is registered
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable (NOTE	E: Registered A	ent signature requ	ured when reinstating) DATE		
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AI	ND DIRECTO	RS IN 12
TITLE	P	☐ DELET <b>E</b>	1.1 TITLE			Change	Addition
NAME	MCKENNA, TRACY		1.2 NAME				
STREET ADDRESS	444 661 PM 446 6PM 44 PM PM 4			T ADDRESS			
CITY-ST-ZIP	DELAND FL 32720		1.4 CITY -	ST-ZIP			
TITLE	T	☐ DELETE	2.1 TITLE			☐ Change	Addition
NAME	MCKENNA, DAN		2.2 NAME				
STREET ADDRESS	114 SOUTH WOODLAND BL'	VD.	2.3 STREE	T ADDRESS			
CITY-ST-ZIP	DELAND FL 32720		2.4 CITY	ST-7IP			
TITLE		☐ DELETE	3.1 TITLE			Change	Addition
NAME			3.2 NAME				
STREET ADDRESS				T ADDRESS			
City-St-ZiP			3.4. CITY				
TITLE	•	DELETE	4.1 TITLE			Change	Addition
NAME			4. 2 NAME			•	
STREET ADDRESS			4,3 STREE	T ADDRESS			
CITY-ST-ZIP			4.4 CITY-				
TITLE		DELETE	5.1 TITLE			Change	☐ Addition
NAME			5.2 NAME				
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			5.4 CITY-	1			
TITLE	<del></del>	DELETE	6.1 TITLE			Change	Addition
NAME			6.2 NAME			_ •	
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			6.4 CITY-				
14. I hereby ce	ertify that the information supplied w	vith this filing does not qualify fo	r the exemp	tion stated in	Section 119.07(3)(i), Florida Statutes. I further	ertify that th	e information
indicated of officer or d	on this annual report or supplement:	al annual report is true and accu eiver or trustee empowered to e	urate and th	at my signati.	ure shall have the same legal effect as if made u juired by Chapter 607, Florida Statutes; and that	inder oath; th i my name ar	hat lam an