

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

FILED

Feb 24 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 # P95000075262 (2)

1. Corporation Name  
RIVERSIDE FINANCIAL COMPANY

Principal Place of Business  
2211 OKEECHOBEE RD  
FT PIERCE FL 34950

Mailing Address  
P O BOX 370  
FT PIERCE FL 34954-0370



2. Principal Place of Business  
21 500 Miramar Avenue

2a. Mailing Address  
26 P.O. Box 33598

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State  
23 Indialantic, FL

27 City & State  
28 Indialantic, FL

Zip

Country

Zip

Country

24 32903

25 Brevard

29 32903

30 Brevard

3. Date Incorporated or Qualified  
09/27/1995

3a. Date of Last Report  
04/29/1996

4. FEI Number  
65-0613800

Applied For  
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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

POLACKWICH, ALAN S SR  
2770 INDIAN RIVER BLVD, SUITE 501  
VERO BEACH FL 32960

81 Name  
Robert Heatwole

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

83

84 City  
Vero Beach, Indialantic

FL

85 Zip Code  
32903

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 of officer or principal named as registered agent and authorized to file

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SMITH, VERNON D	
STREET ADDRESS	2211 OKEECHOBEE RD	
CITY-ST-ZIP	FT PIERCE FL 34950	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HENLEBEN, ROBERT A	
STREET ADDRESS	2211 OKEECHOBEE RD	
CITY-ST-ZIP	FT PIERCE FL 34950	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	MULDER, DAVID L	
STREET ADDRESS	2211 OKEECHOBEE RD	
CITY-ST-ZIP	FT PIERCE FL 34950	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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:

SIGNATURE OF REGISTERED AGENT: ROBERT HEATWOLE

Date

Daytime Phone #

2/14/97 800-565-8609

CR2E034 (9/96)