

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 08, 1999 8:00 am  
Secretary of State

04-08-1999 90040 031 \*\*\*150.00

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1. Corporation Name

RIVERSIDE FINANCIAL COMPANY

Principal Place of Business  
500 N. MIRAMAR  
INDIALANTIC, FL 32903

Mailing Address  
2211 OKEECHOBEE ROAD  
FT PIERCE, FL 34950

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
9/27/95

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

65-0613800

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

23 Zip

28 Zip

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

24 Country

29 Country

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~POLACKWICH, ALAN S., SR.~~ HEATWOLE, ROBERT  
~~2770 INDIAN RIVER BLVD~~ 501 N. MIRAMAR  
~~SUITE 501~~ INDIALANTIC, FL 32903  
~~VERO BEACH, FL 32960~~

81 Name

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

83

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE  
NAME SMITH, VERNON  
STREET ADDRESS 501 N. MIRAMAR  
CITY-ST-ZIP INDIALANTIC, FL 32903

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE VD ☐ DELETE  
NAME CREAMER, JAMES EDWARD  
STREET ADDRESS 500 N. MIRAMAR  
CITY-ST-ZIP INDIALANTIC, FL 32903

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE VD ☐ DELETE  
NAME HAYES, RODNEY  
STREET ADDRESS 500 N. MIRAMAR  
CITY-ST-ZIP INDIALANTIC, FL 32903

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE VD ☐ DELETE  
NAME MCGRATH, LAWRENCE  
STREET ADDRESS 500 N. MIRAMAR  
CITY-ST-ZIP INDIALANTIC, FL 32903

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE STD ☐ DELETE  
NAME HENLEBEN, ROBERT  
STREET ADDRESS 500 N. MIRAMAR  
CITY-ST-ZIP INDIALANTIC, FL 32903

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME MCGOFFIN, ROBERT  
STREET ADDRESS 500 N. MIRAMAR  
CITY-ST-ZIP INDIALANTIC, FL 32903

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT HENLEBEN, EVP

Date

Daytime Phone #

466-1200 X2280

CR2E034 (11/98)