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

**PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 **DIVISION OF CORPORATIONS** DOCUMENT # P96000012484 (7) RIVER CREST FARMS, INC. R PROGRAMA DE RECER DE CONTRA DE CON P

## **FILED** Apr 16 1998 8:00am

						eli) el la 1967 (j		AU <b>176</b> 4 <b>188</b> 1
rincipal Place of Business Mailing Address					i (Baileo) (IV (Bill Dill) (Bill obit) o	Wate Musika affilia (a)	Tis Aladi iti	## <b>###</b>
3166 PARKHILL AVENUE 3166 PARKHILL AVENUE								
SPRING HILL FL 34609		SPRING HILL FL 34609			DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualified			
					02/05/1996			
, Principal Pi 1	lace of Business	2a. Mailing Address			4. FEI Number Applied Fo			
Suite, Apt.	# elc	Suite, Apt. #, etc.			59-3385686			ot Applicable Additional
]	w, 0.0.	27			5. Certificate of Status Desired			Auditional equired
City & State	9	City & State			6. Election Campaign Financing		\$5.00	May Be
]		28			Trust Fund Contribution		Added	
Žip	Country Zip		Cou	ntry	8. This corporation owes or has p			
l	25 29		30		Personal Property Tax due Jun			_ No
9. Name and Address of Current Registered Agent				81 Name	10. Name and Address of New R	agistered Ag	ent	
	SSER, DAVID C			Name				
	SOUTH BROOKSVILLE AVENUE			82 Street Ac	reet Address (P.O. Box Number is Not Acceptable)			
BH	OOKSVILLE FL 34601			83				
				84 City		FI <sup>1</sup>	85 Zip (	Code
1. Pursuant I	to the provisions of Sections 607.050	2 and 607.1508, Florida S	Statutes, the at	ove-named co	orporation submits this statement for the ration's board of directors. I hereby acce	purpose of ch	nanging it	is registered
agent I ar	m familiar with, and accept the obliga	ations of, Section 607.050	5, Florida Stati	utes.	ration a board or directors. Thereby acce	pt the appoin	illionit da	оризонео
IGNATURE								
2.	Signature, typed or printed name of registered agent and title if applicable (NOTI OFFICERS AND DIRECTORS		(NOTE: Registered	Agent signature re	quired when reinstating)  ADDITIONS/CHANGES TO OFFI	DATE CERS AND D	RECTOR	S IN 12
TLE	D DELETÉ			LE	ADDITIONS/GIVANGED TO GITT		Change	Addition
AME	RADER, BARRY G		1.2 NA	ME			-	
TREET ADDRESS	3166 PARKHILL AVENUE		1.3 \$7	REET ADDRESS				
ITY-ST-ZIP	SPRING HILL FL 34609		1.4 CIT	Y-ST-ZIP				
TLE	D DELETE 2.17		ľĘ			Change	☐ Addition	
AME	Roessler, Stephen J		2.2 NA	ME				
TREET ADDRESS	13115 WISTER LAND		2.3 ST	REET ADDRESS				
ITY-ST-ZIP	TAMPA FL 33612			TY-ST-ZIP			T 5.	11 4 1 1111
ITLE		☐ DELET				L_	Change	☐ Addition
AME .			3.2 NA					
TREET ADDRESS				REET ADDRESS				į
ITY-S1-ZIP		☐ DELET		TY-ST-ZIP		— г	Change	Addition
AME		<u></u>	4. 2 N			_		
TREET ADDRESS				REET ADDRESS				
ITY-ST-ZIP				Y-ST-ZIP				
TLE		DELET					Change	Addition
AME			5.2 NA	ME				,
TREET ADORESS			5.3 ST	REET ADDRESS				
ITY-ST-ZIP				Y-ST-ZIP				
ITLE		☐ DELET	i	1.		L.	] Change	Addition
AME			6.2 NA	1	•			
TREET ADDRESS			63 51	REET ADDRESS				
!								

14. Thereby certify that the information supplied with this filling 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 of 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.