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May 01, 1999 8:00 am
Secretary of State

05-01-1999 90002 025 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P96000039808

1. Corporation Name

RIVER CROSSING OFFICES, INC.

Principal Place of Business
**6709 RIDGE ROAD, SUITE 200
PORT RICHEY FL 34668**

Mailing Address
**6709 RIDGE ROAD, SUITE 200
PORT RICHEY FL 34668**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/03/1996

4. FEI Number

59-3382946

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

2. Principal Place of Business

21 2739 U.S. Hwy 19

2a. Mailing Address

26 P.O. Box 2108

Suite, Apt. #, etc.

22 SUITE 201

Suite, Apt. #, etc.

27

City & State

23 HOLIDAY FL

City & State

28 ELFRS FL

Zip

24 34691 **25 USA**

Zip

29 34680-2108 **30 USA**

9. Name and Address of Current Registered Agent

**HUDSON, JOHN E
6709 RIDGE ROAD, SUITE 200
PORT RICHEY FL 34668**

10. Name and Address of New Registered Agent

81 Name

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

2739 US Hwy 19

83 SUITE 201

84 City

HOLIDAY, FL 34691

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

TITLE **PD** ☐ DELETE

NAME **HUDSON, JOHN E**
STREET ADDRESS **6709 RIDGE ROAD, SUITE 200**
CITY-ST-ZIP **PORT RICHEY FL 34668**

TITLE **VD** ☐ DELETE

NAME **MINIERI, CARL**
STREET ADDRESS **29656 U.S. HIGHWAY 19 NORTH**
CITY-ST-ZIP **CLEARWATER FL 34621**

TITLE **ST** ☐ DELETE

NAME **SILVA, SUSAN**
STREET ADDRESS **6709 RIDGE ROAD, SUITE 200**
CITY-ST-ZIP **PORT RICHEY FL 34668**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS **2739 US Hwy 19, SUITE 201**
1.4 CITY-ST-ZIP **HOLIDAY, FL 34691**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS **2739 U.S. Hwy 19, SUITE 201**
3.4 CITY-ST-ZIP **HOLIDAY, FL 34691**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

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 OF JOHN E HUDSON

4-26-99

(727) 943-0138

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)