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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # **P96000048558 (6)**1. Corporation Name

RIVER CITY BUILDERS, INC.

Principal Flace of Business

Mailing Address

FILED May 07 1997 8:00am Secretary of State



JACKSONVILL)T RD .e fl 32211	6816 CAMELOT RD JACKSONVILLE FL 32	211-4802						
					3. Date Inco	rporated or Qualified	3a. Da	te of Last	Report
	ace of Business	2a. Mailing Address			4. FEI Numb	er			Applied For
	St Johns Bluff	Rd 26 SAME Suite, Apt. #, etc.			59-3	382422			Not Applicable
Suite, Apt 4 22 Suite	·	27			5. Certificate	of Status Desired			Additional Required
City & State	sonville, FL 32	Cily & State				ampaign Financing Contribution			O May Be d to Fees
Z ₁ ρ 24] 32225	Country DUVAL	Zipi 29	30 Cour	try	Florida Sta] Yes [No	r s. 199.032,
	9. Name and Address of Cu	rrent Registered Agent		GT G		d Address of New Re	gistered /	Agent	
MATTHEWS, RUSSELL F				81 Name					
6816 CAMELOT RD JACKSONVILLE FL 32211					t Address (P.O. Box Nu	imber is Not Acceptat	ble)		
				33					
				34 City		· · · · · · · · · · · · · · · · · · ·	FL	85 Zi	ρ Code
SIGNATURE .	Signification by color printed name of registare								
				Agent signatu	re required when reinstating)		DATE		
12.	OFFICERS	AND DIRECTORS	13.			S/CHANGES TO OFFIC			
12.	OFFICERS D		13. 1.1 TITL	E		S/CHANGES TO OFFIC		DIRECTO Chang	
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1 to hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(), Florida Statutes. Turner certify that the information inclinated 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 12 or Block 12 or on an attachment with an address.

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/97

904-642-6090 Dayline Phone #