Apr 01, 1999 8:00 am Secretary of State

04-01-1999 90022 039 \*\*\*158.75

## 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** 

## DOCUMENT # P96000057956

1. Corporation Name

JACKSONVILLE FL 32217	RIVERWA	y Builders, Inc.									
JACKSONVILLE FL 32217   JACKSONVILLE FL 32207   DO NOT WRITE IN THIS SPACE	Principal Place	of Business	Mailing Addres	SS					2010 10101 51	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
3. Date Incorporated or Qualifed O7/04/1996 2. Principal Pisce of Business   2a. Mailing Address   4. FEI Number   Applied For   Applied For   Suite, Apt. #, etc.   Suite, Apt.	JACKSONVILLE FL 32217 JACKSONVILLE FL 32207							DO NOT WIDITE IN THIS SD.	ACE		
2. Principal Place of Business	US										
Suite, Apt. #, etc.  Suite, Ap								•			
Suite, Apt. #, etc.   Suite, Apt. #, etc.   27   Suite, Apt. #, etc.   28   Suite, Apt. #, etc.   27   Suite, Apt. #, etc.   28   Suite, Apt. #, etc.   27   Suite, Apt. #, etc.   28   Suite, Apt. #, etc.   28   Suite, Apt. #, etc.   28   Suite, Apt. #, etc.   27   Suite, Apt. #, etc.   28	2. Principal Pla	ace of Business	2a. Mailing Ad	dress				1 T	Appl	ied For	
Second Part	21		26					59-3386654	Not /	Applicable	
City & State    City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   Trust Fund Contribution   Statutes   City & State   City   Country   Zip   Country   St. This corporation owes the current year intangible   Personal Property Tax.   Yes   No   Name and Address of Current Registered Agent   St. This corporation owes the current year intangible   Personal Property Tax.   Yes   No   Name and Address of New Registered Agent   St. Name   St. Street Address (P.O. Box Number is Not Acceptable)   St. Name   St. Street Address (P.O. Box Number is Not Acceptable)   St. Street Address (P.O. Box Number is Not Acce		ŧ, etc.	ь	#, etc.				5. Certifcate of Status Desired			
Trust Fund Contribution   Added to Fees				te	-			6 Election Campaign Financing —	\$5.00 M	lav Be	
Zip Country Zip Country Zip 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   10. Name   10. Name and Address of New Registered Agent   10. Name   10. Na	·		├ı ´					, , ,	•	·	
PARKS, DWIGHT W 8450 PAPELON WAY JACKSONVILLE FL 32217  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 agent, or both, in the State of Florida. Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered office or registered agent, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, probably and and except the obligations of, Section 607.0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered office or registered agent, probably and and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE    12.		Country			Countr	у			ible		
PARKS, DWIGHT W 8450 PAPELON WAY JACKSONVILLE FL 32217  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 lis registered agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing lis 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.	<b>⊢</b> '		<del> </del>	30	1	-				JNo	
PARKS, DWIGHT W 8450 PAPELON WAY JACKSONVILLE FL 32217  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, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE    12.	24							10. Name and Address of New Registered Age	nt		
8450 PAPELON WAY JACKSONVILLE FL 32217  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 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					81	1	Name				
### Statement for 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 agent or footh, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent agent agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent agent, and statutes, the above-named corporation submits this statement for the purpose of changing its registered agent a	PARK	S, DWIGHT W				_	<u> </u>	(C. C. C. ) La la la Mat Assentable			
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office or registered agent, or both, in the State of Flonda. Such change was autonized by the corporation's board of directors. Thereby accept the appointment as registered agent, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typed or printed name of registered agent and title of applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  PARKS, TRACI L  STREET ADDRESS  CITY-ST-ZIP  JACKSONVILLE FL 32217  TITLE  PARKS, DWIGHT W  STREET ADDRESS  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  L2 NAME  L2 NAME  L2 NAME  STREET ADDRESS  STREE					41	$\perp$			naina ite s	nistered	
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE PARKS, TRACI L 1.1 TITLE STREET ADDRESS CITY-ST-ZIP NAME PARKS, DWIGHT W STREET ADDRESS STREET ADD	l office or re	gistered agent, or both, in the State o	t Florida. Such cha	ange was autn	orizea by	yıπ	named col ne corpora	ation's board of directors. I hereby accept the appointment	ent as regis	stered	
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE PARKS, TRACI L 1.1 TITLE STREET ADDRESS CITY-ST-ZIP NAME PARKS, DWIGHT W STREET ADDRESS STREET ADD	SIGNATURE										
DELETE   DELETE   1.1   TITLE   Change   Addition				(NOTE: Re		ent s	signature requ	and with formatting,	UDEATAG	0.101.40	
NAME PARKS, TRACI L STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32217  TITLE - V DELETE 2.1 TITLE PARKS, DWIGHT W STREET ADDRESS STREET ADDRESS A450 PAPELON WAY 2.2 NAME STREET ADDRESS A450 PAPELON WAY 2.3 STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32217  DELETE 3.1 TITLE NAME  Addition Change Addition Addition Change Addition Addition Addition Addition	12.										
STREET ADDRESS   8450 PAPELON WAY   1.3 STREET ADDRESS   1.4 CITY-ST-ZIP	TITLE	•	U	DELETE	1.1 TITLE			L	Change	Addition	
CITY-ST-ZIP	NAME	PARKS, TRACI L			1.2 NAME	Ξ.					
TITLE	STREET ADDRESS	8450 PAPELON WAY			1.3 STREE	ET A	DDRESS				
NAME PARKS, DWIGHT W STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32217 TITLE NAME DELETE 3.1 TITLE NAME 3.2 NAME	CITY-ST-ZIP	JACKSONVILLE FL 32217		_	1.4 CITY-	ST-Z	ZIP				
STREET ADDRESS  STREET ADDRESS  JACKSONVILLE FL 32217  TITLE  NAME  2.3 STREET ADDRESS 2.4 CITY-ST-ZIP  3.1 TITLE 3.2 NAME	TITLE -	V		DELETE	2.1 TITLE				j Change	Addition	
STREET ADDRESS  STREET ADDRESS  JACKSONVILLE FL 32217  TITLE  NAME  2.3 STREET ADDRESS 2.4 CITY-ST-ZIP  3.1 TITLE 3.2 NAME	NAME	PARKS, DWIGHT W			2.2 NAME	•					
TITLE	STREET ADDRESS	•			2.3 STREE	ET A	DDRESS				
TITLE	CITY-ST-ZIP	JACKSONVILLE FL 32217	3-		.2. 4 CITY-	-ST-	ZIP .				
TVVIII.				DELETE	3.1 TITLE				Change	☐ Addition	
	NAME				3.2 NAME						
STREET REPORTS	1			ı	3.3 STREE	ETA	ODRESS				
CITY-ST-ZIP 3.4. CITY-ST-ZIP	ļ [				3.4. CITY-	-ST-	ZIP	•			
TITLE   DELETE 4.1 TITLE   Change   Addition				DELETE					] Change	Addition -	
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							ndeess				
CITY-ST-ZIP         4.4 CITY-ST-ZIP           TITLE         DELETE         5.1 TITLE         Change         Addition				DELETE			LIF		] Change	Addition	

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 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, with all other like empowered.

5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**SIGNATURE:** 

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

□ DELETE

904)367-0158

Addition