

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED

Sep 17 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000058608 (6)

1. Corporation Name
RIVER BEARS, INC.

Principal Place of Business

4434 CLEVELAND AVE.
FT. MYERS FL 33901

Mailing Address

4434 CLEVELAND AVE.
FT. MYERS FL 33901



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/08/1996
3a. Date of Last Report

4. FEI Number 65-0699736
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 or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

BROWNING, ROBERT W JR. ESQ
1800 SECOND ST. SUITE 755
SARASOTA FL 34236

10. Name and Address of New Registered Agent

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

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

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CITY-ST-ZIP

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☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☒ Addition

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

P
Udo Upeslakis
4434 Cleveland Ave
Ft. Myers, FL 33901

☐ Change ☒ Addition

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

V
Agnes Upeslakis
4434 Cleveland Ave
Ft. Myers FL 33901

☐ Change ☒ Addition

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

S
Agnes Upeslakis
4434 Cleveland Ave
Ft. Myers, FL 33901

☐ Change ☒ Addition

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

T
Udo Upeslakis
4434 Cleveland Ave
Ft. Myers, FL 33901

☐ Change ☐ Addition

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

☐ Change ☐ Addition

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I do 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.

SIGNATURE: Udo Upeslakis

9/16/97 (901) 977-8557

CR2E034 (4/97)