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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # P9700001382

RIVER CITY MARKETING GROUP, INC.

Principal Place of Business 2661 STONEGATE DRIVE

Mailing Address

2661 STONEGATE DRIVE JACKSONVILLE FL 32223

## Mar 25, 1999 8:00 am Secretary of State

03-25-1999 90012 017 \*\*\*150.00

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Suite Apt. #, etc.    Suite Apt. #, etc.   Suite Apt. #, etc.   Suite Apt. #, etc.   Scattificate of Status Desired   Fee Require Fee Require City & State   S	cable nal
2. Principal Place of Business   2a. Mailing Address   5. Price   593419772   5. Applied   593419772   593419772   5. Applied   593419772   593419772   5. Applied   593419772   593419772   593419772   593419772   593419772   593419772   593419772   593419772   593419772   593419772   593419772	cable nal
21 6680 COLUMNIN PARK DY Sulle, Apt. #, etc.  Scriffication of Status Desired   S8.75. Additional Section Comparign Financing   S5.00 May Added to Fe Fee Require Trust Fund Contribution   Added to Fee R	cable nal
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Suite, Apt. #, etc.   Stutte, Apt. #, etc.	Se s s
Securitate of Status Desired   Securitate   Securitate of Status Desired   See Require	se s
City & State  Trust Fund Contribution  Towns the current year Intangible  Personal Property Tax.   Yes   NN	5 uy (
Trust Fund Contribution Added to Fe Zip Country Zip Country 8. This corporation owes the current year Intangible Personal Property Tax.   'Yes   N	5 uy (
Zip Country Zip Country Zip Country Zip Country 8. This corporation owes the current year Intangible Personal Property Tax.	8
24 3 2 2 5 8 25 DUVA 29 30 Personal Property Tax.	8
9. Name and Address of Current Registered Agent  WRIGHT, BARRY 2661 STONEGATE DRIVE JACKSONVILLE FL 32223  82 Street Address (P.O. Bbx Number is Not Acceptable) 43 Street Address (P.O. Bbx Number is Not Acceptable) 44 City 45 City 46 Street Address (P.O. Bbx Number is Not Acceptable) 45 Street Address (P.O. Bbx Number is Not Acceptable) 46 Street Address (P.O. Bbx Number is Not Acceptable) 46 Street Address (P.O. Bbx Number is Not Acceptable) 47 ACKSONVILLE FL 32223  83 Street Address (P.O. Bbx Number is Not Acceptable) 48 City 49 City 40 ACKSONVILLE FL 32223  84 City 40 ACKSONVILLE FL 32223  85 Zip Code 87 2 2 3 - 9 9  86 Street Address (P.O. Bbx Number is Not Acceptable) 87 ACKSONVILLE FL 32223  86 Street Address (P.O. Bbx Number is Not Acceptable) 88 ACITY 89 ACKSONVILLE FL 32223  87 ACKSONVILLE FL 32223  88 ACTIVE Registered Agent signature required when reinstaling)  80 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  10 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11 ACTIVE STREET ADDRESS  12 NAME 12 NAME 12 NAME 13 STREET ADDRESS  13 STREET ADDRESS  14 CITY-ST-ZIP 17 ACKSONVILLE FL 32223  14 CITY-ST-ZIP 17 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  15 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  16 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  17 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  18 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  19 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  10 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11 ACTIVE TO THE CONTROL TO THE	8
WRIGHT, BARRY 2661 STONEGATE DRIVE JACKSONVILLE FL 32223  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 registerage 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 registeragent, I am familiar with, and accept the obligation of Section 607.0505, Florida Statutes.  SIGNATURE Signature. Speed or printed name state speed and flust applicable. (NOTE: Registered Agent signature required when reinstating)  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS I 1.3 TITLE WRIGHT, BARRY SIREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32223  TITLE D NEWMAN, SUSAN STAFFA SIREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 322257  TITLE D NEWMAN, SUSAN STAFFA SIREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 322257  TITLE D Change	8
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STREET ADDRESS 6.3 STREET ADDRESS	·
6.4 CITY-ST-ZIP	·

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 informationated 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 a course like empowered.