

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

FILED

**Mar 13 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000005747 (5)
1. Corporation Name
RIVERBEND TAVERN, INC.



Principal Place of Business 9765 W. SANDRA STREET CRYSTAL RIVER FL 34428	Mailing Address 9765 W. SANDRA STREET CRYSTAL RIVER FL 34428
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 10131 N. CITRUS AVE		2a. Mailing Address 26 10674 N. CITRUS AVE		3. Date Incorporated or Qualified 01/21/1997	
22 Suite, Apt #, etc.		27 Suite, Apt #, etc.		4. FEI Number 59-3430717	
23 City & State CRYSTAL RIVER, FL.		28 City & State CRYSTAL RIVER, FL.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Zip 34428		29 Zip 34428		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25 Country CITRUS		30 Country CITRUS		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent FRAIN, WILLIAM L 9765 W. SANDRA STREET CRYSTAL RIVER FL 34428				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PSD	NAME FRAIN, WILLIAM L	1.1 TITLE PSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 9765 W. SANDRA STREET	CITY-ST-ZIP CRYSTAL RIVER FL 34428	1.2 NAME FRAIN, WILLIAM L.	
		1.3 STREET ADDRESS 10674 N. CITRUS AVE	
		1.4 CITY-ST-ZIP CRYSTAL RIVER, FL. 34428	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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

SIGNATURE: *William L. Frain* **WILLIAM L. FRAIN MAR. 7, 1998 (352)564-6886**

CR2E034 (10/97)