

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

FILED
May 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 # **P97000034009 (5)**

1. Corporation Name
RIVER CLEAN UP EQUIPMENT, INC.



Principal Place of Business 11640 CAMDEN RD., STE. 13 JACKSONVILLE FL 32218	Mailing Address 11640 CAMDEN RD., STE. 13 JACKSONVILLE FL 32218
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 961 COLE ROAD Suite, Apt. #, etc.	2a. Mailing Address 26 P.O. Box 28224 Suite, Apt. #, etc.	3. Date Incorporated or Qualified 04/15/1997	4. FEI Number 59-3447995	Applied For <input type="checkbox"/> Not Applicable
22 City & State 23 Jacksonville, FL Zip 24 32218	27 City & State 28 Jacksonville, FL Zip 29 32226-8224	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

**CEBALLOS, M. ALAN
121 W. FORSYTH ST., STE. 900
JACKSONVILLE FL 32202**

10. Name and Address of New Registered Agent

81 Name LYNDA B. ARTER
82 Street Address (P.O. Box Number is Not Acceptable) 961 COLE ROAD
83
84 City JACKSONVILLE
85 Zip Code FL 32218

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 **LYNDA B. ARTER** *Lynda B. Arter*

DATE **4-27-98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE 1.1	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME NELSON, JOSEPH J		1.2 NAME	
STREET ADDRESS 11640 CAMDEN RD., STE. 13		1.3 STREET ADDRESS 961 COLE ROAD	
CITY-ST-ZIP JACKSONVILLE FL 32218		1.4 CITY-ST-ZIP JACKSONVILLE, FL 32218	
TITLE SECRETARY	<input type="checkbox"/> DELETE	2.1 TITLE SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME LYNDA B. ARTER		2.2 NAME LYNDA B. ARTER	
STREET ADDRESS 961 COLE RD		2.3 STREET ADDRESS 961 COLE ROAD	
CITY-ST-ZIP JACKSONVILLE, FL 32218		2.4 CITY-ST-ZIP JACKSONVILLE, FL 32218	
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: *Joseph J. Nelson* **4-27-98** **904-751-2050**

CR2E034 (10/97)