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Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000081628

1. Corporation Name

RIVER REACH STABLES, INC.

Principal Place of Business

**3465 EXCALIBUR WAY
JACKSONVILLE FL 32223**

Mailing Address

**3465 EXCALIBUR WAY
JACKSONVILLE FL 32223**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/01/1997

4. FEI Number

59-3468454

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 the current year Intangible Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 226 Deloy Road

2a. Mailing Address

26 Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Green Cove Springs

City & State

28

Zip

24 32043

Country

25 USA

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**DEPOTTER, KATHERINE B
3465 EXCALIBUR WAY
JACKSONVILLE FL 32223**

10. Name and Address of New Registered Agent

81 Name Katherine Depotter
82 Street Address (P.O. Box Number is Not Acceptable) 6160 County Road 209 S
83
84 City Green Cove Springs FL
85 Zip Code 32043

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

TITLE SDTP
NAME DEPOTTER, KATHERINE B
STREET ADDRESS 3465 EXCALIBUR WAY
CITY-ST-ZIP JACKSONVILLE FL 32223

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE SDTP
1.2 NAME Katherine Depotter
1.3 STREET ADDRESS 6160 County Road 209 S
1.4 CITY-ST-ZIP Green Cove Springs Fla 32043

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

Katherine B Depotter

2-3-99

9042812374

Date

Daytime Phone #

CR2E034 (11/98)