

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Apr 15, 1999 8:00 am  
Secretary of State

04-15-1999 90096 035 \*\*\*158.75

DOCUMENT # P98000006927

1. Corporation Name

RIVERSIDE ONE CAPITAL PARTNERS, INC.



Principal Place of Business

1510-A S 2ND STREET  
JACKSONVILLE BEACH FL 32250

Mailing Address

1510-A S 2ND STREET  
JACKSONVILLE BEACH FL 32250

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/22/1998

4. FEI Number

31-1590114

Applied For

Not Applicable

5. Certificate of Status Desired ☒ Yes

\$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

21 424 S. 3RD ST  
Suite, Apt. #, etc.

2a. Mailing Address

26 424 S. 3RD ST  
Suite, Apt. #, etc.

City & State

23 JACKSONVILLE BEACH, FL

Zip Country

24 32250 25 US

City & State

28 JACKSONVILLE BEACH, FL

Zip Country

29 32250 30 US

9. Name and Address of Current Registered Agent

BEARDSLEY, DALE A ESQ  
12 EAST BAY STREET  
JACKSONVILLE FL 32202-3427

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

TITLE D ☐ DELETE

NAME HOWE, ANDREW M V  
STREET ADDRESS 1510-A S 2ND STREET  
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250

TITLE D ☐ DELETE

NAME WALKO, LEE S  
STREET ADDRESS 159 S MAIN ST, 6TH FLOOR  
CITY-ST-ZIP AKRON OH 44308-1322

TITLE D ☐ DELETE

NAME HELLINE, JOHN D II  
STREET ADDRESS 159 S MAIN ST, 6TH FLOOR  
CITY-ST-ZIP AKRON OH 44308-1322

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

424 S. 3RD ST

JACKSONVILLE BEACH, FL 32250

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

159 S. MAIN ST, SUITE 720

AKRON, OH 44308-1322

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/99

Date

904-270-0270

Daytime Phone #

CR2E034 (11/98)