

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
Mar 24, 1999 8:00 am
Secretary of State

03-24-1999 90023 034 ***150.00

DOCUMENT # P98000048791

1. Corporation Name

RIVERLAND VACATIONS INCORPORATED

Principal Place of Business

24102 PANTHER RD
ASTOR FL 32102

Mailing Address

24102 PANTHER RD
ASTOR FL 32102

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/02/1998

4. FEI Number

593526479

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

2a. Mailing Address

21 **~~24102 PANTHER RD~~**
Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 ☐ 25

29 ☐ 30

9. Name and Address of Current Registered Agent

HUNTER, SHEILA ANN
24102 PANTHER RD
ASTOR FL 32102

10. Name and Address of New Registered Agent

81 Name **SHEILA ANN PIKE**

82 Street Address (P.O. Box Number is Not Acceptable)

24102 PANTHER Rd

83

84 City **ASTOR**

FL

85 Zip Code **32102**

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 ☐ DELETE
NAME **PIKE, SHEILA ANN**
STREET ADDRESS **24102 PANTHER RD**
CITY-ST-ZIP **ASTOR FL 32102**

TITLE ☐ DELETE
NAME **PIKE, RAYMOND H**
STREET ADDRESS **24102 PANTHER RD**
CITY-ST-ZIP **ASTOR FL 32102**

TITLE ☐ DELETE
NAME **HUNTER, JULIE ANN**
STREET ADDRESS **5071 NORTH DUNDEE ST**
CITY-ST-ZIP **DELEON SPRINGS FL 32130**

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

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

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

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

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

6.1 TITLE ☐ Change ☐ Addition
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

Date

Daytime Phone #

March 14, 1999 (352) 759-3694

CR2E034 (1/98)