

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

DOCUMENT # P98000057267

1. Corporation Name

RIVER CITY REALTY, INC.

Principal Place of Business

**1823 UNIVERSITY BOULEVARD SOUTH
JACKSONVILLE FL 32216**

Mailing Address

**1823 UNIVERSITY BOULEVARD SOUTH
JACKSONVILLE FL 32216**

FILED
Mar 14, 1999 8:00 am
Secretary of State

03-14-1999 90025 032 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/01/1998

4. FEI Number

59-3518149

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 **5651 Colcord Ave**

2a. Mailing Address

26 **5651 Colcord Ave**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 **JACKSONVILLE, FL**

City & State

28 **JACKSONVILLE, FL**

Zip

24 **32211**

Country

25 **FLORIDA**

Zip

29 **32211**

Country

30 **FLORIDA**

9. Name and Address of Current Registered Agent

**PIERCE, LALEAH C
1823 UNIVERSITY BOULEVARD SOUTH
JACKSONVILLE FL 32216**

10. Name and Address of New Registered Agent

81 Name

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

5651 Colcord Ave

83

84 City **JACKSONVILLE**

FL

85 Zip Code

32211

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 **D**
JOHNIGEAN, MICHAEL J
STREET ADDRESS **14030 MANDARIN OAKS LANE**
CITY-ST-ZIP **JACKSONVILLE FL 32223**

TITLE ☐ DELETE

NAME **D**
JOHNIGEAN, CHERYL L
STREET ADDRESS **14030 MANDARIN OAKS LANE**
CITY-ST-ZIP **JACKSONVILLE FL 32223**

TITLE ☐ DELETE

NAME **D**
PIERCE, LALEAH C
STREET ADDRESS **1847 DAVIS ROAD**
CITY-ST-ZIP **JACKSONVILLE FL 32218**

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

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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:

Laleah C. Pierce CEO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-8-99

Date

904-727-9919

Daytime Phone #

CR2E034 (11/98)