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May 06, 1999 8:00 am
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 # P98000107181

1. Corporation Name
RIVER CITY GIFT AND SPECIALTY, INC.



Principal Place of Business
1316 MORGANA ROAD
JACKSONVILLE FL 32211

Mailing Address
1316 MORGANA ROAD
JACKSONVILLE FL 32211

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 8742 LONE STAR ROAD
Suite, Apt. #, etc.

2a. Mailing Address
26 8742 LONE STAR ROAD
Suite, Apt. #, etc.

3. Date Incorporated or Qualified
12/24/1998

4. FEI Number
59-3550325

Applied For
Not Applicable

22 City & State
23 JACKSONVILLE, FL

27 City & State
28 JACKSONVILLE, FL

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 Zip Country
32211-5124 25 DUVAL

29 Zip Country
32211-5124 30 DUVAL

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SILKOWSKI, STEPHEN E
7077 BONNEVAL ROAD, STE. 200
JACKSONVILLE FL 32216

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 provisions of, Section 607.05 of Florida Statutes.

SIGNATURE SAME AS LAST YEAR

4/30/99

Signature typed or printed name of registered agent and title if applicable.

(Not required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME WILLIAM J. STAZENSKI, SR.
STREET ADDRESS 1316 MORGANA ROAD
CITY-ST-ZIP JACKSONVILLE, FL 32211

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VPD
NAME JOSEPH F. STAZENSKI
STREET ADDRESS 1316 MORGANA ROAD
CITY-ST-ZIP JACKSONVILLE, FL 32211

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

TITLE VPMKTD
NAME JAMES A. STAZENSKI
STREET ADDRESS 12610 COUNTRY CHARM LANE N.
CITY-ST-ZIP JACKSONVILLE, FL 32225

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

TITLE SD
NAME ELIZABETH S. HUTCHENS
STREET ADDRESS 3148 RED OAK DRIVE
CITY-ST-ZIP JACKSONVILLE, FL 32277

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

TITLE TD
NAME PATRICIA STAZENSKI
STREET ADDRESS 12610 COUNTRY CHARM LANE N.
CITY-ST-ZIP JACKSONVILLE, FL 32225

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

TITLE CD
NAME MAUREEN N. STAZENSKI
STREET ADDRESS 1316 MORGANA ROAD
CITY-ST-ZIP JACKSONVILLE, FL 32211

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 appointment with an address, with a signature, or on an appointment with an address, with a signature, or on an appointment with an address, with a signature.

SIGNATURE: *William J. Stazenski, Sr.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/99

Date

904-724-4796

Daytime Phone #

CR2E034 (11/98)