

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 PM 3:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S01806 (6)

1. Corporation Name
RIVER TRADING COMPANY, INC.

Principal Place of Business Mailing Address
**4223 CAPITAL CIRCLE, N.W.
TALLAHASSEE FL 32303**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	09/24/1980	09/12/1994
22	City & State	27	City & State	4. FEI Number	Applied For / Not Applicable
23	Zip	28	Zip	59-3035469	
24	Country	29	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
		30		<input type="checkbox"/>	\$5.00 May Be Added to Fees
				6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
				8. This corporation has liability for intangible tax under S. 199.062, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
BUTLER, NEIL H. 911 EAST PARK AVE. TALLAHASSEE FL 32301		61	Name	
		62	Street Address (P.O. Box Number is Not Acceptable)	
		63		
		64	City	65
		Tallahassee	FL	32303

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when terminating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	11 TITLE	12 NAME
	D MAYFIELD, CATHERINE D. 4223 CAPITAL CIRCLE, NW TALLAHASSEE FL		
STREET ADDRESS		13 STREET ADDRESS	
CITY - ST - ZIP		14 CITY - ST - ZIP	
		21 TITLE	22 NAME
STREET ADDRESS		23 STREET ADDRESS	24 CITY - ST - ZIP
CITY - ST - ZIP			
		31 TITLE	32 NAME
STREET ADDRESS		33 STREET ADDRESS	34 CITY - ST - ZIP
CITY - ST - ZIP			
		41 TITLE	42 NAME
STREET ADDRESS		43 STREET ADDRESS	44 CITY - ST - ZIP
CITY - ST - ZIP			
		51 TITLE	52 NAME
STREET ADDRESS		53 STREET ADDRESS	54 CITY - ST - ZIP
CITY - ST - ZIP			
		61 TITLE	62 NAME
STREET ADDRESS		63 STREET ADDRESS	64 CITY - ST - ZIP
CITY - ST - ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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.

SIGNATURE: Catherine D Mayfield 4-28-95 904-562-1022
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR