

2-10-98 1849 C
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 10 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S90536 (1)
1. Corporation Name
COUNTRY RIVERS REALTY, INC.

Principal Place of Business P.O. BOX 2550 HIGH SPRINGS FL 32643	Mailing Address P.O. BOX 2550 HIGH SPRINGS FL 32643
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 P.O. Box 520 27 Suite, Apt. #, etc. 28 FT. WHITE, FL 29 32308 30 USA.		3. Date Incorporated or Qualified 10/29/1991	
				4. FEI Number 65-0299121	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

PRESNELL, GEORGE W., JR.
10 N.W. RAILROAD AVE.
HIGH SPRINGS FL 32643

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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: Thomas J. Duncan

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D PRESNELL, GEORGE W., JR.	1.1 TITLE	President
NAME		1.2 NAME	Thomas J. Duncan
STREET ADDRESS	10 NO. MAIN ST.	1.3 STREET ADDRESS	P.O. Box 451
CITY-ST-ZIP	HIGH SPRINGS FL	1.4 CITY-ST-ZIP	Ft White Fla 32038 N/A
	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	DIRECTOR
TITLE		2.2 NAME	ROBERT A COSTIN
NAME		2.3 STREET ADDRESS	129 FIRST ST. SE.
STREET ADDRESS		2.4 CITY-ST-ZIP	Moultrie, GA 31768
CITY-ST-ZIP		3.1 TITLE	
	<input type="checkbox"/> DELETE	3.2 NAME	
TITLE		3.3 STREET ADDRESS	
NAME		3.4 CITY-ST-ZIP	
STREET ADDRESS		4.1 TITLE	
CITY-ST-ZIP		4.2 NAME	
	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS	
TITLE		4.4 CITY-ST-ZIP	
NAME		5.1 TITLE	
STREET ADDRESS		5.2 NAME	
CITY-ST-ZIP		5.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: Thomas J. Duncan

1-13-98 904-497-3305

CR2E034 (10/97)