## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V3039
1. Corporation Name
RIVERVIEW CONSULTANTS, INC. V30391

(9)

Mailing Addross

APPROYED

pg.10/2

97 JUL 29 PM 1:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA



Principal Place of Business Mailing Address					T DOGIT BILLORD CALLE BEHAN MAIN DOUBL HI	- T INDRIN BINDRA FAIRE BRAND MAIND NOUND HIGH BIRKE BIRKE GOOK! BIRKE BIRKE BIRKE BIRKE SOUT		
1010 EAST ADAMS STREET. #13 854 TURTLE CREEK DRIVE NORTH								
JACKSONVILLE FL 32202 / JACKSONVILLE FL 32218								
					3. Date Incorporated or Qualified	DO NOT WRITE IN THIS SPACE		
					04/13/1992	ad 3a, Date of Last Report 12/19/1996		
2. Priecipal P.	lace of Business	2a. Mailing Address	· · · · · · · · · · · · · · · · · · ·		4. FEI Number		Applied For	
21 1010	EAST ADAMS STAGE	<del></del>	- Ana	w.c G22	,,	<del>} →</del>	Not Applicable	
Suite Apt.		Suite Apt. #, etc.		71 L	1	¢9.7	Additional	
22 # 10/ 27 # 10/			•		6. Certificate of Status Desired		Required	
City & State City & State			6. Election Campaign Financing \$5.00 May Be			Nav Re		
23 JACKSONVILLET TO 28 JACKSONVI			G Trust Fund Contribution Added to Fees					
Zip	Country	Zipon A	Country		8. This corporation owes or has pai	d the current year		
24 300	DOX 25 DUVAL		30 DG	WAL			<b>X</b> No	
	9. Name and Address of Current	Registered Agent	- 04		10. Name and Address of New Re	pistered Agent		
HUDSON, WILLIE L								
854 TURTLE CREEK DRIVE NORTH				82 Street Address (P.O. Box Number is Not Acceptable)				
JACKSONVILLE FL 32218				83				
			63					
			84	City	11 - Adv	85 Zi	p Code	
44 Purpupal (	to the provisions of Continue 607 0503	and CO7 1500 Florida Otal da	. 455			FL "		
office or re	egistered agent, or both, in the State of	of Florida. Such change was au	s, the above thorized by	e-named co / the corpo	orporation submits this statement for the pration's board of directors. I hereby accep	urpose of changing t the appointment i	its registered as registered	
agent. La:	m familiar with, and accept the obligat	ions of, Section 607.0505, Flori	ida Statute:	S.	· · · · · · · · · · · · · · · · · · ·		·	
SIGNATURE	Signature, typed or printed name of registered agent	Lend little if applicable /NOTE	Registered Age	not eignature rec	guired when reinstating)	DATE		
12.	OFFICERS AND		13.	oni alguardre rec	ADDITIONS/CHANGES TO OFFIC		DRS IN 12	
TITLE	PD	DELETE	1.1 TITLE		ADDITIONAL TO OFFICE	☐ Change		
NAME	HUDSON, WILLIE L.		1 2 NAME		8000022		_	
STREET ADDRESS	854 TURTLE CREEK DR. N.		1.3 STREET ADDRESS		-08/05/9701077015			
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CiTY~S		****165		65. QO	
TITLE	TD .	☐ DELETE	2.1 TITLE	1	VICE-President	Channe		
NAME	HUDSON, CAROLYN P.		2.2 NAME		HUDSON, CHROLYN PO	_	-	
STREET ADORESS	854 TURTLE CREEK DR. N.		2.3 STREET ADDRESS 85		HUDSON, CAROLYN PO 854 TURTLE CREEK	DR.N.		
CITY-ST-ZIP	JACKSONVILLE FL 32218		2. 4 CITY-1	ST-ZIP	JACKSONVILLE, FL 32	318		
TITLE	SD SD	☐ DELETE	3.1 TITLE	•		Change	Addition	
NAME	HUDSON, DAMON P.		3.2 NAME					
STREET ADDRESS	854 TURTLE CREEK DR. N.		3.3 STREET	ADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL 32218		3.4. CITY-	- 1				
TITLE		☐ DELETE	4.1 TITLE	·		☐ Change	Addition	
NAME			4.2 NAME					
STREET ADDRESS			4.3 STREET	ADDRESS				
CITY-ST-ZIP			4.4 CITY-S	T-ZIP				
TIŢLE		DELETE	5.1 TITLE			☐ Change	Addition	
NAME			5.2 NAME	ļ	^			
STREET ADDRESS			53 STREET	ADDRESS	(1) 1180.			
CITY-ST-ZIP			5.4 CITY-S	T-ZIP	12. Wal	_		
TITLE		DELETE	6.1 TITLE		U. Man	Change	☐ Addition	
NAME			6.2 NAME		7129	197		
STREET ADDRESS			6.3 STREET	ADDRESS	'/''/	, ,		
CITY-ST-ZIP			6.4 CITY-S	T-2(P				
14. I do hereb	by certify that the information supplied	with this filing does not qualify	for the eye	motion stat	ed in Section 119.07(3)(i), Florida Statutes	I further certify the	at the	
l am an of	ficer or director of the corporation or t	ppiemental annual report is true pe receiver or trustee empower	e and accu red to exec	irale and th ute this rep	nat my signature shall have the same legal orl as required by Chapter 607, Florida St	errect as it made u atutes; and that mi	inder oath; that i name	
appears in	n Block 12 or Block 13 if changed, or	or an attachment with an addre	188/1/11	15 1.	orl as required by Chapter 607, Florida St	( )		
	/////// 7_	collection of	WILL	~ ~ ·	MUSUN )	- (Audia		

07-25-97

To Whom It May Concers:

The enclosed notice states that
this is the "SECOND NOTICE".
Please be informed that this is
the frist Notice which I Have
received, and accept my check
for 165.00.
Thave been looking for this
Notice in order to avoid having
to pay excessive laste of
reinstatement fees as I
did recently.
Thank you for your
cooperation.

Sirenely Add School Consultations.

Please sand the current Year Intansiff Personal Pruporty