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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V30391

1. Corporation Name

RIVERVIEW CONSULTANTS, INC.

Principal Place of Business

Mailing Address

May 07, 1999 8:00 am Secretary of State

05-07-1999 90169 015 ***150.00



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HUDSON, WILLIE L 854 TURTLE CREEK DRIVE NORTH JACKSONVILE FL 32218 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 agent, and accept the obligations of, Section 607.0502 for office or registered agent, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and are instituted and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature. Noted o protect name of registered agent and the flagst-claim. WILLIE L Signature. Noted o protect name of registered agent agent and the flagst-claim. WILLIE L Signature. Noted o protect name of registered agent agent and the flagst-claim. WILLIE L Signature. Noted o protect name of registered agent agent and the flagst-claim. WILLIE L Signature. Noted opening name of registered agent agent and the flagst-claim. WILLIE L Signature. Noted opening name of registered agent agent and the flagst-claim. WILLIE L Signature. Noted opening name of registered agent agent and the flagst-claim. WILLIE L Signature. Noted opening name of registered agent agent and the flagst-claim. WILLIE L Signature. Noted opening name of registered agent agent and the flagst-claim. WILLIE L Signature. Noted opening name of registered agent agent and the flagst-claim. WILLIE L Signature. Noted opening name of registered agent agent agent and the flagst-claim. WILLIE L Signature. Noted opening name of registered agent agent agent and the flagst-claim. WILLIE L Signature. Noted opening name of registered agent ag	Zip Country Zip Cou				S.A.	1 1 4		IZ/No	
HUDSON, WILLIE L 854 TURTLE CREEK DRIVE NORTH JACKSONVILLE FL 32218 14 City FL 85 Zip Code 14. Pursuant to the provisions of Sections 807.0502 and 807.1508, Flonda Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Flonda, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Flonda, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 807.055, Flonda Statutes. SIGNATURE Signature, typed or printed name of registered agent and accept the obligations of, Section 807.055, Flonda Statutes. INDITION OF FIGURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS IN 12 ITTLE PSD OFFICERS AND DIRECTORS IN 12 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. CITY ST. ZP HUDSON, WILLIE L STREET ADDRESS AST TURTLE CREEK DR. N. 13. STREET ADDRESS AST TURTLE CREEK DR. N. 14. CITY ST. ZP UDSON, CAROLYN P. 14. CITY ST. ZP 15. TITLE 16. Change Addition Addition Addition Addition Addition Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ADDITIONS/CHANGES TO OFFI					10. Name and Address of New Registered Agent				
854 TURTLE CREEK DRIVE NORTH JACKSONVILLE FL 32218 83 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Floridal Statutes, the above-named corporation submits this statement for the purpose of changing its 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, and accept the obligations of, Section 607.0505, Floridal Statutes. SIGNATURE Signature, hybrid or predict name of registered agent, and accept the obligations of, Section 607.0505, Floridal Statutes. (NOTE Registered Agent signature, hybrid or printed name of registered agent, and accept the obligations of, Section 607.0505, Floridal Statutes. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE PSD ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE PDD ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 13. STREET ADDRESS CITY-51.2P ACKSONVILLE FL 14.CITY-51.2P 14.CITY-51.2P ACKSONVILLE FL 32.NAVE 32.STREET ADDRESS CITY-51.2P ACKSONVILLE FL 32.NAVE 33.STREET ADDRESS ACTIV-51.2P TITLE DELETE 11.TITLE ACTIV-51.2P ACKSONVILLE FL ACTIV-51.2P ACKSONVILLE, FL ACTIV-51.2P ACTIV-51.2P ACKSONVILLE, FL ACTIV-51.2P ACKSONVILLE, FL ACTIV-51.2P ACKSONVILLE, F				81	81 Name .				
SACKSONVILLE FL 32218 83					82 Street Address (P.O. Box Number is Not Acceptable)				
11. Pursuant to the provisions of Sections 507.0502 and 607.1508. Florida Statutes. The above-named corporation submits this statement for the purpose of changing its 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, 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, 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, and the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, Typed or protect name of registered agent and filter ageticable. (NOTE Registered Agent agentle required when refreshing) DATE 12. OFFICERS AND DIRECTORS IN 12 TITLE PSD OFFICERS AND DIRECTORS IN 12 12. ITITLE PSD OChange Addition HUDSON, WILLIE L. STREET ADDRESS OTY-51-ZP JACKSONVILLE FI. J									
11. Prisuant to the provisions of Sections 607,0502 and 607,1508, Flurida 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, 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 agranture required when reinstating) DATE				84	City		35 Zip	Code	
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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.