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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V30391

1. Corporation Name

RIVERVIEW CONSULTANTS, INC.

Principal Place of Business

Mailing Address

1010 EAST ADAMS STREET, #101
JACKSONVILLE FL 32202

1010 EAST ADAMS STREET, #101
JACKSONVILLE FL 32202

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/13/1992

4. FEI Number

59-3123954

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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

2. Principal Place of Business

2a. Mailing Address

21 **5248-4 NORWOOD AVE.**
Suite, Apt. #, etc.

26 **5248-4 NORWOOD AVE**
Suite, Apt. #, etc.

22 City & State

27 City & State

23 **JACKSONVILLE, FL**
Zip Country

28 **JACKSONVILLE, FL**
Zip Country

24 **32208** 25 **U.S.A.**

29 **32208** 30 **U.S.A.**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HUDSON, WILLIE L
854 TURTLE CREEK DRIVE NORTH
JACKSONVILLE FL 32218

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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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 ☐ DELETE
NAME **PSD**
STREET ADDRESS **HUDSON, WILLIE L**
CITY-ST-ZIP **854 TURTLE CREEK DR. N.**
JACKSONVILLE FL

1.1 TITLE **P/C** ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **VPTD**
STREET ADDRESS **HUDSON, CAROLYN P.**
CITY-ST-ZIP **854 TURTLE CREEK DR. N.**
JACKSONVILLE FL 32218

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE **VP/D** ☐ Change ☒ Addition
3.2 NAME **DAMON P. HUDSON**
3.3 STREET ADDRESS **11011 HARTS ROAD - APT. 215**
3.4 CITY-ST-ZIP **JACKSONVILLE, FL 32218**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE **VP/S/D** ☐ Change ☒ Addition
4.2 NAME **HUDSON, DAMON P.**
4.3 STREET ADDRESS **11011 HARTS ROAD - APT. 215**
4.4 CITY-ST-ZIP **JACKSONVILLE, FL 32218**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
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 attachment with an address, with all other like empowered.

SIGNATURE: **Willie L. Hudson** **WILLIE L. HUDSON**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-30-99 **(904) 924-7574**
Date Telephone

CR2E034 (1/98)