

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

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97 JUN 27 AM 8:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 203388

1. Corporation Name  
**RIVERS BUS SALES, INC.  
DBA RIVERS BUS & RV SALES**

Principal Place of Business Mailing Address  
**10626 GENERAL AVE. PO BOX 6009  
JACKSONVILLE, FL JACKSONVILLE, FL.  
32220 32236**

3. Date Incorporated or Qualified 3a. Date of Last Report  
**2/9/96**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-0815577	Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23 City & State	28 City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24 Zip	25 Country	29 Zip	30 Country
24	25	29	30

8. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
LAWRENCE H. SCHAFFER 9002 CAMSHIRE DR. JACKSONVILLE, FL. 32244		81 Name	85 Zip Code
		82 Street Address (P.O. Box Number is Not Acceptable)	FL
		83	
		84 City	

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 *Lawrence H. Schaffer* **LAWRENCE H. SCHAFFER 6/23/97**  
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	NAME	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
P	LAWRENCE H. SCHAFFER	1.2 NAME	
STREET ADDRESS	9002 CAMSHIRE DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL. 32244	1.4 CITY-ST-ZIP	
TITLE	NAME	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
VP	WILLIAM C. LOTSHAW	2.2 NAME	
STREET ADDRESS	6268 LEWARD CT.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK, FL. 32073	2.4 CITY-ST-ZIP	
TITLE	NAME	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
S/T	ERNEST J. SEARCY	3.2 NAME	
STREET ADDRESS	10728 FALL CREEK DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL. 32222	3.4 CITY-ST-ZIP	
TITLE	NAME	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	CAROLYN SCHAFFER	4.2 NAME	
STREET ADDRESS	9002 CAMSHIRE DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL. 32244	4.4 CITY-ST-ZIP	
TITLE	NAME	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 *Lawrence H. Schaffer* **LAWRENCE H. SCHAFFER 6/23/97 (904)783-0313**  
Signature typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)



School Buses, Church Buses, Para Transit



Motor Homes, Fifth Wheels, Travel Trailers, Tent Campers

2

(904) 783-0313

## RIVERS BUS & RV SALES

10626 General Avenue, Jacksonville, FL 32220

Fax (904) 783-1067

JUNE 23, 1997

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

DEAR MS. MORTHAM,

I AM WRITING THIS IN REFERENCE TO THE ATTACHED ANNUAL REPORT WHICH SHOULD HAVE BEEN FILED BEFORE MAY 1st. WE NEVER RECEIVED THE REPORT THIS YEAR IN THE MAIL AS WE HAVE IN THE PAST. WE USUALLY RECEIVE THE REPORT IN FEBRUARY AND ALWAYS MAKE SURE THAT IT IS FILED IMMEDIATELY. HOWEVER, AS YOU KNOW, THERE ARE SO MANY REPORTS AND LICENSES THAT MUST BE FILED EVERY YEAR THAT IT IS VERY HARD TO KEEP UP WITH THEM. OUR ANNUAL REPORT WAS EITHER LOST IN THE MAIL OR NEVER SENT OR SOMETHING.

ANYWAY, I AM ASKING FOR THE PENALTY TO BE WAIVED AND THE \$165 PAYMENT BE ACCEPTED. I HAVE NEVER HAD TO FILE ALL THESE REPORTS MYSELF BEFORE AND HAD NO IDEA THAT THERE WAS ONE UNTIL A FEW DAYS AGO WHEN ANOTHER COMPANY BROUGHT IT TO MY ATTENTION. I AM VERY SORRY FOR THE LATENESS OF THIS REPORT AND RESPECTFULLY REQUEST THAT THE PAYMENT BE EXCEPTED DESPITE BEING LATE.

SINCERELY,

BARBARA A. LEE

BUSINESS MANAGER/RIVERS BUS SALES