FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **671807** **(6)**

1. Corporation Name

PVRSB, INC.

Principal Place of Business	Mailing Address
P.O. BOX 1399 WINTER HAVEN FL 33882-1399 US	P.O. BOX 1399 WINTER HAVEN FL 33882-1399 US

3. Date Incorporated or Qualified: **05/30/1980**
3a. Date of Last Report: **06/14/1995**

2. Principal Place of Business
21 **14900 CAMP MACK ROAD**
22 Suite, Apt. #, etc
23 City & State: **LAKE WALES, FLORIDA**
24 Zip: **33853** 25 Country: **U.S.A.**

2a. Mailing Address
26 **14900 CAMP MACK ROAD**
27 Suite, Apt. #, etc
28 City & State: **LAKE WALES, FLORIDA**
29 Zip: **33853** 30 Country: **U.S.A.**

4. FEI Number: **59-1984560** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

SNIVELY, PATE
2970 CHICKASAW DR
HAINES CITY FL 33844

10. Name and Address of New Registered Agent

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 - required for each filing) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	SNIVELY, PATE		1.2 NAME	
STREET ADDRESS	2970 CHICKASAW DR		1.3 STREET ADDRESS	
CITY-ST-ZIP	HAINES CITY FL		1.4 CITY-ST-ZIP	
TITLE	DVS	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	SNIVELY, M.P., JR.		2.2 NAME	
STREET ADDRESS	939 AVE A S.E.		2.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL		2.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	SNIVELY, CHARLES SCOTT		3.2 NAME	
STREET ADDRESS	14725 CAMP MACK RD		3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WALES FL		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Patsy Snively Ass. 5-29-96 1-941 696-2216
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)