## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #
1. Corporation Name

(8)

## PEACE RIVER MAINTENANCE INC.

LACE	. The community of the	•							
Principal Place	e of Business	Mailing Address					JII HUUI ERUA I	ANDAL ULAN ULAH I	
LIVINGSTON STREET P.O. BOX 2969 ARCADIA FL 33821		LIVINGSTON STREET P.O. BOX 2969 ARCADIA FL 34265-2969							
						3. Date incorporated or Qualified 08/11/1976	3a. D	oate of Last R 03/21/19	
2. Principal Pi	ace of Business	2a. Mailing Address 26	¬ -			4. FEI Number 59-2413352		<del>  </del>	oplied For of Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	<del></del>			5. Certificate of Status Desired		\$8.75 / Fee Re	
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution	П	\$5.00 Added 1		
Ζιρ	Country Zip C			ountry  8. This corporation has liability for intangible tax			e tax under s.		
24	9. Name and Address of Current	29 30 30 Registered Agent		<del>,</del>	··	Florida Statutes  10. Name and Address of New F	Yes No		
				81	Name	IDI (talife atte realises of floor)	109(010)00	- Agoin	
SPIEGEL, BILL				82	Street A	ddress (P.O. Box Number is Not Accept	able)		
	w. Goathill dr. A FL 33821			<b>B3</b>				<del></del>	
				В4	City		FL	<b>85</b> Zip (	Code
11. Pursuant to office or reagent. Lac	to the provisions of Sections 617.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	and 617.1508, Florida Statu of Florida. Such change was tions of, Section 617.0503, Fl	les, the a authorize orida Sta	bove d by tutes	named c the corpo	corporation submits this statement for the bration's board of directors. I hereby acc			s registered registered
SIGNATURE.									
	Signature, typed or printed name of registered agen			d Age	nt signature re	equired when reinstating)	DATE	o pupcoros	2011.10
12.	OFFICERS AND	DELETE	13.	1.1 TITLE		ADDITIONS/CHANGES TO OFF	ICERS AN	Change	Addition
NAME	SNOW, ROBERT	// // // // // // // // // // // //	1.1 N		Ī			("") Cuantis	LJ AOURION
STREET ADORESS	AND ALAMATIC AM								
	ARCADIA FL 33821				ADDRESS				
CITY-ST-ZIP TITLE	SD SD	DELETE	1.4 C	(TY - \$)	I - ZIP			Change	Addition
NAME	SPERRY, ELIOT W.		2.1 H					L.J. Change	Modition 1
	4.5.4.4.1.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.			IDDDEGA					
STREET ADORESS					ADDRESS				
CITY - ST - ZIP TITLE	ARCADIA FL 33821 2.41  VPD □ □ DELETE 3.11		OTY-S	T-ZIP		<del> </del>	Change	Addition	
NAME	FARRENS, MICHAEL	L. Decere	3.2 N					L.J Criange	L.J AUDIGOII
STREET ADDRESS	1442 NW FARRENS DR.				ADDDESO.				
	ARCADIAORDA FL 33821		3.3 STREE						
CITY-ST-ZIP TITLE	PD PD	DELETE	3,4. U 4,1 Ti	ITY-S	1-ZIP			Change	Addition
NAME		E DECENE						La Change	LI Addition
	JONES, JOHN		4.28						
STREET ADDRESS	4224 NORTH ROAD ARCADIA FL				ADDRESS				
CHY-ST-ZIP TITLE	TD	DELETE	4.4 C 5.1 Ti	ITY - SI	1 - ZIP			Change	Addition
NAME		FT DEFETT						CT ANNUAL	T VOOIDOU
į.	SPIEGEL, BILL		5.2 N						
STREET ADDRESS	1919 NW GAOTHILL RD.				ADDRESS				
CHTY - ST - Z#P	ARCADIA FL 33821	<b>⊠</b> DELETE		ITY - SI	I-ZiP			Change	
TITLE	VPD	K.Z. DEFEIG	6.1 TI					Change	Addition
NAME	STONE, KEN		6.2 N						
STREET ADDRESS	3943 NW NORTH RD.		6.3 \$	TAEET	ADDRESS				

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if charges or not attachment with an address.

SIGNATURE:

4-15-17

541-484-7612

**FILED** 

Apr 18 1997 8:00am

Secretary of State