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FILED
May 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **736577** (8)
1. Corporation Name
PEACE RIVER MAINTENANCE INC.



Principal Place of Business Mailing Address
LIVINGSTON STREET **LIVINGSTON STREET**
P.O. BOX 2969 **P.O. BOX 2969**
ARCADIA FL 33821 **ARCADIA FL 33821**

3. Date Incorporated or Qualified
08/11/1976

4. FEI Number **59-2413352** 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**

7. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip **34266** Country 30

9. Name and Address of Current Registered Agent

SPIEGEL, BILL
1919 N.W. GOATHILL DR.
ARCADIA FL 33821

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 617.0502 and 617.1508, 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 617.0503, 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

TITLE DELETE

NAME **VP SNOW, ROBERT**

STREET ADDRESS **4282 NORTH RD.**

CITY-ST-ZIP **ARCADIA FL 33821**

TITLE DELETE

NAME **SD SPERRY, ELIOT W.**

STREET ADDRESS **1998 NW GOAT HILL ST.**

CITY-ST-ZIP **ARCADIA FL 33821**

TITLE DELETE

NAME **VPD FARRENS, MICHAEL**

STREET ADDRESS **1442 NW FARRENS DR.**

CITY-ST-ZIP **ARCADIA FL 33821**

TITLE DELETE

NAME **PD JONES, JOHN**

STREET ADDRESS **4224 NORTH ROAD**

CITY-ST-ZIP **ARCADIA FL**

TITLE DELETE

NAME **TD SPIEGEL, BILL**

STREET ADDRESS **1919 NW GOATHILL RD.**

CITY-ST-ZIP **ARCADIA FL 33821**

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PROV PD** Change Addition

1.2 NAME **PAFFORD THOMAS**

1.3 STREET ADDRESS **4152 N.W. NORTH RD**

1.4 CITY-ST-ZIP **ARCADIA FL 34266**

2.1 TITLE **SD** Change Addition

2.2 NAME **JONES JOHN**

2.3 STREET ADDRESS **4224 NW NORTH RD**

2.4 CITY-ST-ZIP **ARCADIA FL 34266**

3.1 TITLE **VPD** Change Addition

3.2 NAME **SNOW, ROBERT**

3.3 STREET ADDRESS **4282 NW NORTH RD**

3.4 CITY-ST-ZIP **ARCADIA FL 34266**

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *[Handwritten Signature]*

CR2E037 (10/97)