


FILE NOW: FILING FEE IS \$61.25

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90121 030 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 736577

1. Corporation Name
PEACE RIVER MAINTENANCE INC.

* 4 8 480817 - 90121 - 30

Principal Place of Business LIVINGSTON STREET P.O. BOX 2969 ARCADIA FL 33821 34266	Mailing Address LIVINGSTON STREET P.O. BOX 2969 ARCADIA FL 34266 US 34265
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 08/11/1976
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-2413352
22 City & State	27 City & State	Applied For Not Applicable
23 Zip	28 Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 Country	29 Country	30 Country
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

SPIEGEL, BILL
1919 N.W. GOATHILL DR.
ARCADIA FL ~~33821~~
34266

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
 85 Zip Code **FL**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	PAFFORD, THOMAS	
STREET ADDRESS	4152 NW NORTH RD	
CITY-ST-ZIP	ARCADIA FL 34266	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	JONES, JOHN	
STREET ADDRESS	4224 N W NORTH RD	
CITY-ST-ZIP	ARCADIA FL 34266	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	SNOW, ROBERT	
STREET ADDRESS	4282 N W NORTH ROAD	
CITY-ST-ZIP	ARCADIA FL 34266	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	JONES, JOHN	
STREET ADDRESS	4224 NORTH ROAD	
CITY-ST-ZIP	ARCADIA FL 34266	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SPIEGEL, BILL	
STREET ADDRESS	1919 NW GAOTHILL RD.	
CITY-ST-ZIP	ARCADIA FL 33821 34266	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE: *THOMAS PAFFORD* *Revised* *4/27/99* *941 993 0213*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)