

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 821753 (1)

1. Corporation Name

PALM RIVER ESTATES INC



Principal Place of Business

Mailing Address

113 VIKING WAY
NAPLES FL 33942

113 VIKING WAY
NAPLES FL 33942

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

3. Date Incorporated or Qualified

08/19/1968

3a. Date of Last Report

01/31/1995

4. FEI Number

59-1216822

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

10. Name and Address of New Registered Agent

FEJES, DEAN W.
113 VIKING WAY
NAPLES FL 33942

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 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 PD ☐ DELETE
NAME JELENIK, J.
STREET ADDRESS 1701 N MAIN STREET
CITY-STATE-ZIP ORRVILLE, OHIO 00000

1 1 TITLE ☐ Change ☐ Addition

TITLE VPD ☐ DELETE
NAME SMITH, E A
STREET ADDRESS 356 CROMWELL CT
CITY-STATE-ZIP NAPLES FL

2 1 TITLE ☐ Change ☐ Addition

TITLE TS ☐ DELETE
NAME FEJES, D.
STREET ADDRESS 113 VIKING WAY
CITY-STATE-ZIP NAPLES FL

3 1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE
NAME FEJES, J.
STREET ADDRESS 12606 BACK MASSILON RD.
CITY-STATE-ZIP ORRVILLE OH

4 1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

5 1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

6 1 TITLE ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/96 (941) 597-5150

Date

Daytime Phone #

CR2E034 (12/95)