

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

**PROFIT CORPORATION
ANNUAL REPORT
1996**



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

FILED

96 SEP -4 PM 2:10

DOCUMENT # H52535 (2)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ECONFINA CREEK CANOE LIVERY, INC.



Principal Place of Business: **STRICKLAND RD RT B BOX 1570 YOUNGSTOWN FL 32466**
Mailing Address: **STRICKLAND RD RT B BOX 1570 YOUNGSTOWN FL 32466**

3. Date Incorporated or Qualified: **04/10/1985**
3a. Date of Last Report: **08/15/1995**
4. FEI Number: **59-2745927**
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. 199.04, Florida Statutes: Yes No

2. Principal Place of Business
21. Suite, Apt. #, etc.
22. City & State
23. Zip
24. County
25. Country
26. Mailing Address
27. Suite, Apt. #, etc.
28. City & State
29. Zip
30. Country

**5641 A Porter Pond Rd
Youngstown FL
32466**

**GAY, DEBRA S.
STRICKLAND ROAD
YOUNGSTOWN FL 32466**

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

11. Pursuant to the provisions of Sections 607.0102 and 607.1008, 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 am familiar with, and accept the obligations of, Section 607.0102, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		
TITLE	PST	<input type="checkbox"/> DELETE
NAME	GAY, DEBRA S.	
STREET ADDRESS	STRICKLAND RD.	
CITY-ST-ZIP	YOUNGSTOWN FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	GAY, DEBRA S.	
STREET ADDRESS	STRICKLAND RD.	
CITY-ST-ZIP	YOUNGSTOWN FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
12 NAME	800001955883	
13 STREET ADDRESS	-09/25/96--01023--021	
14 CITY-ST-ZIP	****375.00 ****375.00	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
62 NAME		
63 STREET ADDRESS		
64 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(4)(a), 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 this corporation or the receiver or trustee empowered to execute this report as authorized by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed on an attachment with an address.

SIGNATURE: **Debra S. Gay** **DEBRA S. GAY** **8/20/96** **904/722 9032**

CR2E034 (3/96)