

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **H66177** (7)
1. Corporation Name
PEACE RIVER WARRIORS, INC.

Principal Place of Business 1515 LANCO ST. PORT CHARLOTTE FL 33952	Mailing Address 1515 LANCO ST. PORT CHARLOTTE FL 33952
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 07/12/1985	
24		25		4. FEI Number 59-2635269	
29		30		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
29		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
29		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**JONES, PHILLIPS J.
1515 LANCO ST.
PORT CHARLOTTE FL 33952**

10. Name and Address of New Registered Agent

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

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	VD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENOCK, GERALD	1.2 NAME	
STREET ADDRESS	2187 PETERBOROUGH RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDREAE, NANCY	2.2 NAME	
STREET ADDRESS	3879 SAN LORENZO DRIVE	2.3 STREET ADDRESS	3819 SAN LORENZO DR
CITY-ST-ZIP	PUNTA GORDA FL	2.4 CITY-ST-ZIP	Punta Gorda, FL
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERO, TOM	3.2 NAME	
STREET ADDRESS	3394 DECK STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILCOX, THOMAS M.	4.2 NAME	
STREET ADDRESS	1420 COLONIAL DRIVE	4.3 STREET ADDRESS	4883 Oak Pointe way
CITY-ST-ZIP	PUNTA GORDA FL	4.4 CITY-ST-ZIP	Sarasota, FL 34233
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOLIART, GEORGE M	5.2 NAME	
STREET ADDRESS	14552 MAJESTIC EAGLE CT	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL	5.4 CITY-ST-ZIP	
TITLE	TDP	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, PHILLIP J.	6.2 NAME	
STREET ADDRESS	1515 LANCO ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL	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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an appointment with an address.

SIGNATURE:

4-8-98

941-625-0700

CR2E034 (10/97)