

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90011 011 ***150.00

DOCUMENT # H66177

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/12/1985

4. FEI Number

59-2635269

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

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

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

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

TITLE VD
NAME BENOCK, GERALD
STREET ADDRESS 2187 PETERBOROUGH RD.
CITY-ST-ZIP PORT CHARLOTTE FL

☐ DELETE

TITLE D
NAME ANDREAE, NANCY
STREET ADDRESS 3819 SAN LORENZO DR
CITY-ST-ZIP PUNTA GORDA FL

☐ DELETE

TITLE SD
NAME FERRO, TOM
STREET ADDRESS 3394 DECK STREET
CITY-ST-ZIP PORT CHARLOTTE FL

☐ DELETE

TITLE D
NAME WILCOX, THOMAS M.
STREET ADDRESS 4883 OAK POINTE DR
CITY-ST-ZIP SARASOTA FL 34233

☒ DELETE

TITLE D
NAME FOLIART, GEORGE M
STREET ADDRESS 14552 MAJESTIC EAGLE CT
CITY-ST-ZIP FT MYERS FL

☐ DELETE

TITLE TDP
NAME JONES, PHILLIP J.
STREET ADDRESS 1515 LANCO ST
CITY-ST-ZIP PORT CHARLOTTE FL

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☒ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/16/99

941-625-0700

CR2E034 (11/98)