

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 27, 1999 8:00 am
Secretary of State

04-27-1999 90123 021 ***150.00

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DOCUMENT # J25221

1. Corporation Name

PEACE RIVER PARADISE, INC.

Principal Place of Business

1050 CHARLES AVE.
P.O. BOX 921
PUNTA GORDA FL 33982-1708

Mailing Address

1050 CHARLES AVE.
P.O. BOX 921
PUNTA GORDA FL 33982-1708

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/23/1986

4. FEI Number

59-2740738

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 1050 Charles Ave

2a. Mailing Address

Suite, Apt. #, etc.

27 PO Box 510921

Suite, Apt. #, etc.

22 PO Box 510921

City & State

23 Punta Gorda, FL

Zip

24 33951

Country

25 USA

City & State

28 Punta Gorda, FL

Zip

29 33951

Country

30 USA

9. Name and Address of Current Registered Agent

EMERICH, GUY S., ESQ.
115 W. OLYMPIA AVE.
PUNTA GORDA FL 33950

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

(NO "E" Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD
SCHMID, J. PETER
STREET ADDRESS 1050 CHARLES AVE.
CITY-ST-ZIP PUNTA GORDA FL

TITLE ☐ DELETE

NAME D
SCHMID, MADELEINE C.
STREET ADDRESS 1050 CHARLES AVE.
CITY-ST-ZIP PUNTA GORDA FL

TITLE ☐ DELETE

NAME T
DAVID J SASS
STREET ADDRESS 3443 TAMIA MI TRAIL, SUITE E
CITY-ST-ZIP PORT CHARLOTTE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ 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 change, or on an attachment with an address with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J Peter Schmid 3/4/99 941-629-4868

Date

Daytime Phone #

CR2E034 (1/98)