FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 16 AM 10:49

DOCUMENT # **L65874** **(4)**

1. Corporation Name
PEACE RIVER CANOES, INC.

Principal Place of Business	Mailing Address
ROUTE 3 BOX 6 (HWY 636) WAUCHULA FL 33873	ROUTE 3 BOX 6 (HWY 636) WAUCHULA FL 33873

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
04/13/1990	04/05/1994

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

4. FEI Number: 65-0112460 ☐ 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
~~ELLIS, JULIE J.~~ ~~ROUTE 3 BOX 6 (HWY 636)~~ ~~WAUCHULA FL 33873~~	81 Name: Roy F. Adams Sr. 82 Street Address (P.O. Box Number is Not Acceptable): 9000 West Sheridan St, Suite #170 83 84 City: Pembroke Pines FL 85 Zip Code: 33024

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: Roy F. Adams Sr. ACCOUNTANT DATE: 3/10/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~DP~~	1.1 TITLE	☒ Change ☐ Addition
NAME	~~SMIT, EDWARD H.~~	1.2 NAME	
STREET ADDRESS	~~ROUTE 3 BOX 6~~	1.3 STREET ADDRESS	Remove Died 12/15/94
CITY-ST-ZIP	~~WAUCHULA FL~~	1.4 CITY-ST-ZIP	
TITLE	DV	2.1 TITLE	☒ Change ☐ Addition
NAME	ELLIS, JULIE J	2.2 NAME	DVP/P
STREET ADDRESS	RTE 3 BOX 6	2.3 STREET ADDRESS	Smit, Catherine S.
CITY-ST-ZIP	WAUCHULA FL	2.4 CITY-ST-ZIP	Rt 3, Box 6, Wauchula, FL
TITLE	DST	3.1 TITLE	☐ Change ☐ Addition
NAME	~~SMIT, CATHERINE S.~~	3.2 NAME	
STREET ADDRESS	~~ROUTE 3 BOX 6~~	3.3 STREET ADDRESS	
CITY-ST-ZIP	~~WAUCHULA FL~~	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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(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.

SIGNATURE: Catherine S. Smit 03-12-95 813-773-6370
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0319048 CP