NAME STREET ADDRESS

CITY-S1-ZIP

SIGNATURE:

**FILED** FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Feb 25 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 **DIVISION OF CORPORATIONS DOCUMENT #** L65874 (4) PEACE RIVER CANOES, INC. Principal Place of Business Mailing Address 2184 EAST MAIN ST. 2184 EAST MAIN ST. WAUCHULA FL 33873 WAUCHULA FL 33873 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/13/1990 2. Principal Place of Business 2a. Mailing Address Applied For 65-0112460 Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be  $\Box$ 23 28 Trust Fund Contribution Added to Fees Zip Country  $Z_{\rm ID}$ 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 24 25 29 30 g, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent ADAMS, ROY F ATHERINE 11700 S.W. 11TH PLACE Street Address (P.O. Box Number is Not Acceptable) 82 FT. LAUDERDALE FL 33325 83 84 NAUCHULA 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 temiliar with, and accept the obligations of, Section 607.0505, Florida Statutes. (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. \_\_ DELETE Addition 1.1 TITLE Change SMIT. CATHERINE S 1.2 NAME NAME 2184 EAST MAIN ST. 1.3 STREET ADDRESS STREET ADDRESS **WAUCHULA FL 33873** 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE Change TITLE 21 TITLE NAME 22 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP Addition DELETE 3.1 TITLE Change TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4. CITY-ST-ZIP CITY ST ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY - ST - ZIP Addition Change □ DELETE 6.1 TITLE

> 6.3 STREET ADDRESS 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 eccurate 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, of on an apactument with an address. 1-19-98 941.773-6370