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95 MAR -1 PM 4:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1995

DOCUMENT # L69486 (3)

1. PEACE RIVER PRESERVE, INC.

Principal Place of Business
% ROBERT A. HAMILTON
4475 SOUTH SHADE AVENUE
SARASOTA FL 34231

Mailing Address
% ROBERT A. HAMILTON
4475 SOUTH SHADE AVENUE
SARASOTA FL 34231

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/01/1990	3a. Date of Last Report: 01/25/1994
4. FEI Number: 65-0196336	☐ 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	

2. Principal Place of Business
21 4101 Adventura Way
22 Suite, Apt. #, etc.
23 City & State: Nocatee FLA
24 Zip: 33864 25 Country: USA

2a. Mailing Address
26 15 Crossroads Center
27 Suite, Apt. #, etc. #302
28 City & State: Sarasota FLA
29 Zip: 34239 30 Country: USA

9. Name and Address of Current Registered Agent

HAMILTON, ROBERT A.
4475 S. SHADE AVENUE
SARASOTA FL 34231

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: _____ (Typed or printed name of person signing) (If agent, Registered Agent signature required in item 9 above) DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
D HAMILTON, ROBERT A. 4475 S. SHADE AVENUE SARASOTA FL	11 TITLE ☒ Change ☐ Addition 12 NAME: Robert A. Hamilton 13 STREET ADDRESS: 15 Crossroad Center #302 14 CITY-ST-ZIP: Sarasota FLA 34239
	21 TITLE ☐ Change ☐ Addition 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP
	31 TITLE ☐ Change ☐ Addition 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP
	41 TITLE ☐ Change ☐ Addition 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP
	51 TITLE ☐ Change ☐ Addition 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP
	61 TITLE ☐ Change ☐ Addition 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP

14. To the best of my knowledge, 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 13 above, or on an attachment with an X in Block 12.

SIGNATURE: R. Hamilton Robert Hamilton 1/17/95 813-365-5612
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0138006 CR