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Apr 30 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # L69486

(3)

1. Corporation Name

PEACE RIVER PRESERVE, INC.



Principal Place of Business

4101 ADVENTURE WAY
~~4475 SOUTH SHADE AVENUE~~
NOCATEE FL 33864
US

Mailing Address

15 CROSSROADS CENTER
SUITE 302
SARASOTA FL 34239-6905
US

3. Date Incorporated or Qualified

05/01/1990

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

21 4086 Adventure Way
Suite, Apt. #, etc.

2a. Mailing Address

26 15 Paradise Plaza #348
Suite, Apt. #, etc.

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

City & State

23 Arcadia, FL

City & State

28 Sarasota, FL

Zip

24 34266

Country

25 US

Zip

29 34239

Country

30 US

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

HAMILTON, ROBERT A.

82 Street Address (P.O. Box Number is Not Acceptable)

~~4101 ADVENTURE WAY~~

83

4086 Adventure Way

84 City

NOCATEE Arcadia FL

85 Zip Code

34266

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)

4/15/97

DATE

12. OFFICERS AND DIRECTORS

TITLE D HAMILTON, ROBERT A. DELETE

NAME HAMILTON, ROBERT A.
STREET ADDRESS 15 CROSSROAD CENTER #302
CITY-ST-ZIP SARASOTA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D Change Addition

1.2 NAME Hamilton, Robert A.
1.3 STREET ADDRESS 4086 Adventure Way
1.4 CITY-ST-ZIP Arcadia, FL 34266

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE

CR2E034 (9/96)