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May 07, 1999 8:00 am
Secretary of State

05-07-1999 90171 022 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L73747

1. Corporation Name
WEKIVA RIVER CANOES, INC.



Principal Place of Business
**1014 MIAMI SPRINGS DRIVE
LONGWOOD FL 32779
US**

Mailing Address
**~~2101 WEST S.R. 434, STE 103~~
~~LONGWOOD FL 32779~~
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/17/1990

4. FEI Number
59-3008380

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **366 E. GRAVES AVE**
Suite Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

ORANGE CITY, FL.

32763

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DOWD, MICHAEL E

~~2101 WEST S.R. 434~~

~~SUITE 103~~

~~LONGWOOD FL 32779~~

81 Name

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

366 E. GRAVES AVE.

83 **Suite B**

84 City **ORANGE CITY, FL**

FL

85 Zip Code

32763

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)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD / VP** ☐ DELETE

NAME **DOWD, MICHAEL E**

STREET ADDRESS **~~2101 WEST S.R. 434, STE 103~~**

CITY-ST-ZIP **~~LONGWOOD FL 32779~~**

TITLE **VD** ☒ DELETE

NAME **~~DOWD, ROBERT H~~**

STREET ADDRESS **~~2101 WEST S.R. 434, STE 103~~**

CITY-ST-ZIP **~~LONGWOOD FL 32779~~**

TITLE **S** ☐ DELETE

NAME **WILSON, JOAN E**

STREET ADDRESS **~~2101 WEST S.R. 434, STE 103~~**

CITY-ST-ZIP **~~LONGWOOD FL 32779~~**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **[Signature]**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-99 (904) 777-9318
Date Daytime Phone #

CR2E034 (11/98)