

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N92000000813 (7)**

1. Corporation Name

PEACE RIVER PRODUCTIONS, INC.



Principal Place of Business

Mailing Address

**304 CORRIENTES CIRCLE
PT CHARLOTTE FL 33983
US**

**304 CORRIENTES CIRCLE
PT CHARLOTTE FL 33983
US**

3. Date Incorporated or Qualified
12/14/1992

3a. Date of Last Report
03/09/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number
65-0406669

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

**JONES, J. A
304 CORRIENTES CIRCLE
PT. CHARLOTTE FL 33983**

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 617.0502 and 617.1508, 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 617.0503, 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	<input checked="" type="checkbox"/> DELETE
NAME	JULIANO, JUDY	
STREET ADDRESS	2093 ROMA CT	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	MONGIELLO, ROBB R	
STREET ADDRESS	383 W CHARLOTTE AVENUE	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	JONES, JAMES A	
STREET ADDRESS	304 CORRIENTES CIRCLE	
CITY-ST-ZIP	PT. CHARLOTTE FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	YAMASHITA, MARIE	
STREET ADDRESS	4420 CONWAY	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MASTRO, MARDII	
STREET ADDRESS	240 BELVEDERE CT	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DARBY, PATRICIA	
STREET ADDRESS	215 RIO VILLA DRIVE	
CITY-ST-ZIP	PUNTA GORDA FL	

11 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	GARRITON, FRANK	
13 STREET ADDRESS	2344 PELLAM BLVD,	
14 CITY-ST-ZIP	PORT CHARLOTTE, FL 33948	
21 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	NEUMANN, DOLORES	
23 STREET ADDRESS	325 LINTON LANE	
24 CITY-ST-ZIP	PORT CHARLOTTE, FL. 33952	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	WILLIAMS, LENORE	
43 STREET ADDRESS	2026 NUREMBURG BLVD	
44 CITY-ST-ZIP	PORT CHARLOTTE, FL	
51 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	YAMASHITA, MARIE	
53 STREET ADDRESS	4420 CONWAY	
54 CITY-ST-ZIP	PORT CHARLOTTE, FL. 33983	
61 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	FASSETT, PAM	
63 STREET ADDRESS	911 W. MARION	
64 CITY-ST-ZIP	PUNTA GORDA FL. 33950	

14. I do hereby certify that the information supplied on this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

J. A. Jones
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J. A. JONES

1-19-96

Date

813-764-1537

Daytime Phone #

CR2E037 (12/95)