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FILED

Feb 05 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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
US304 CORRIENTES CIRCLE
PT CHARLOTTE FL 33983-5629
US3. Date Incorporated or Qualified
12/14/19923a. Date of Last Report
01/29/1996

2. Principal Place of Business

2a. Mailing Address

21 1542 KINGLET DR

26 1542 KINGLET DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State
23 PUNTA GORDA FL27 City & State
28 PUNTA GORDA FL24 Zip
3395025 Country
USA29 Zip
3395030 Country
USA

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐ \$5.00 May Be
Added to Fees8. 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 3398381 Name
KLEEMANN, ALBERT C.

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

1542 KINGLET DR

84 City
PUNTA GORDA FL85 Zip Code
33950

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 ALBERT C. KLEEMANN (TD)

(NOTE: Registered Agent signature required when reinstating)

DATE

1/25/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME GARRITON, FRANK
STREET ADDRESS 2344 PELLAM BLVD
CITY-ST-ZIP PORT CHARLOTTE FL1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE VD ☒ DELETE
NAME NEUMANN, DOLORES
STREET ADDRESS 325 LINTON LANE
CITY-ST-ZIP PORT CHARLOTTE FL2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE TD ☒ DELETE
NAME JONES, JAMES A
STREET ADDRESS 304 CORRIENTES CIRCLE
CITY-ST-ZIP PT. CHARLOTTE FL3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE SD ☐ DELETE
NAME WILLIAMS, LENORE
STREET ADDRESS 2026 NUREMBURG BLVD
CITY-ST-ZIP PORT CHARLOTTE FL4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE D ☒ DELETE
NAME YAMASHITA, MARIE
STREET ADDRESS 4420 CONWAY
CITY-ST-ZIP PORT CHARLOTTE FL5.1 TITLE ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE D ☒ DELETE
NAME FASSETT, PAM
STREET ADDRESS 911 W MARION
CITY-ST-ZIP PUNTA GORDA FL6.1 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 19.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/97 (941) 639-5686
Date Daytime Phone # 0058257

CR2E037 (9/96)