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Jan 20 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N92000000813 (7)**

1. Corporation Name

**PEACE RIVER PRODUCTIONS, INC.**

Principal Place of Business

**1542 KINGLET DR.  
PUNTA GORDA FL 33950  
US**

Mailing Address

**1542 KINGLET DR.  
PUNTA GORDA FL 33950  
US**

3. Date Incorporated or Qualified

**12/14/1992**

4. FEI Number

**65-0406669**

Applied For

Not Applicable

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KLEEMANN, ALBERT C.  
1542 KINGLET DR.  
PUNTA GORDA FL 33950**

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

TITLE PD  
NAME GARRITON, FRANK  
STREET ADDRESS 2344 PELLAM BLVD  
CITY-ST-ZIP PORT CHARLOTTE FL ☐ DELETE

TITLE VD  
NAME DAVIS JOAN  
STREET ADDRESS 2601 RIO PLATO DR.  
CITY-ST-ZIP PUNTA GORDA FL ☐ DELETE

TITLE TD  
NAME KLEEMANN, ALBERT C.  
STREET ADDRESS 1542 KINGLET DR.  
CITY-ST-ZIP PUNTA GORDA FL ☐ DELETE

TITLE SD  
NAME WILLIAMS, LENORE  
STREET ADDRESS 2026 NUREMBURG BLVD  
CITY-ST-ZIP PORT CHARLOTTE FL ☒ DELETE

TITLE D  
NAME KLEEMANN, MADELINE  
STREET ADDRESS 1542 KINGLET DRIVE  
CITY-ST-ZIP PUNTA GORDA FL ☐ DELETE

TITLE D  
NAME BLAKE, ROBERT  
STREET ADDRESS 490 SHARON AVE.  
CITY-ST-ZIP PORT CHARLOTTE FL ☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP **33948**

2.1 TITLE ☐ Change ☒ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP **33950**

3.1 TITLE ☐ Change ☒ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP **33950**

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME **SD MAENZA, JEANETTE**  
4.3 STREET ADDRESS **2547 SE. 25AVE**  
4.4 CITY-ST-ZIP **CAPE CORAL FL 33904**

5.1 TITLE ☐ Change ☒ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP **33950**

6.1 TITLE ☒ Change ☐ Addition  
6.2 NAME **D WILLIAMS, LENORE**  
6.3 STREET ADDRESS **26365 SEMINOLE LAKES BLVD**  
6.4 CITY-ST-ZIP **PUNTA GORDA FL 33955**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

*Albert C. Kleemann* **ED**

*Jan 7, 1997 (941) 638-5686*

CR2E037 (10/97)