

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JAN 24 PM 12:40

DOCUMENT # P23820 (4)

1. Corporation Name  
DEAD RIVER COMPANY

Principal Place of Business Mailing Address  
55 BROADWAY BANGOR ME 04401 P.O. BOX 1427 BANGOR ME 04402-1427 US

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		04/11/1989	03/09/1994
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	Applied For
23 City & State		28 City & State		01-0385895	Not Applicable
24 Zip	25 Country	29 Zip	30 Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
				<input type="checkbox"/>	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
GAUSE, W. PEYTON JR. 720 FIRST FLORIDA BANK PLAZA 1800 SECOND ST., SARASOTA FL 34236				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 607.0502 and 607.1503, 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NIXON, P. ANDREWS	1.2 NAME	
STREET ADDRESS	71 FEDERAL ST.	1.3 STREET ADDRESS	
CITY - ST - ZIP	BRUNSWICK ME	1.4 CITY - ST - ZIP	04101
TITLE	VP	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAYNES, ROLLIN F.	2.2 NAME	
STREET ADDRESS	15 MANTER ST.	2.3 STREET ADDRESS	Retired
CITY - ST - ZIP	CAPE ELIZABETH ME	2.4 CITY - ST - ZIP	
TITLE	C	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COGGESHALL, BRUCE A.	3.2 NAME	
STREET ADDRESS	OCEAN HOUSE RD	3.3 STREET ADDRESS	
CITY - ST - ZIP	CAPE ELIZABETH ME	3.4 CITY - ST - ZIP	04107
TITLE	VS	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUNT, WALTER L.	4.2 NAME	James A. Burns
STREET ADDRESS	HURD PT RD	4.3 STREET ADDRESS	R.R. 3, Box 8380
CITY - ST - ZIP	DEDHAM MA	4.4 CITY - ST - ZIP	Union, ME 04862
TITLE	CFO	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODERICK, RICHARD M.	5.2 NAME	
STREET ADDRESS	30 WILBUR DR	5.3 STREET ADDRESS	
CITY - ST - ZIP	HAMPDEN ME	5.4 CITY - ST - ZIP	04444
TITLE	VPT	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODERICK, RICHARD M.	6.2 NAME	Duplicate
STREET ADDRESS	30 WILBUR DR	6.3 STREET ADDRESS	
CITY - ST - ZIP	HAMPDEN ME	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 or on an attachment with an address.

SIGNATURE: James A. Burns, Treas. 1/11/95 (207) 947-8641  
Signature, typed or printed name of signing officer or director (Date) (Telephone Number)