

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

APPROVED
AND
FILED

95 MAY -1 PM 3:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995-1-95		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # P94000006890 (5)
1. Corporation Name
PEACE RIVER CARRIER, INC.

Principal Place of Business 25600 E. MARION AVE. PUNTA GORDA FL 33950	Mailing Address 25600 E. MARION AVE. PUNTA GORDA FL 33950
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 01/27/1994	3a. Date of Last Report N/A
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 65 056 1312	Applied For ☐ Not Applicable
City & State 23		City & State 28		5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
Zip 24	Country 25	Zip 29	Country 30	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No					

9. Name and Address of Current Registered Agent KEMNER, CHARLES H 25600 E. MARION AVE. PUNTA GORDA FL 33950		10. Name and Address of New Registered Agent 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 607.1508, 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 translating

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DP	KEMNER, CHARLES H 25600 E. MARION AVE. PUNTA GORDA FL 33950	1.1 TITLE ☐ Change ☐ Addition	
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY, ST, ZIP		1.4 CITY, ST, ZIP	
TITLE DV	THEWLIS, HAROLD J 159 SUNFLOWER ST. PUNTA GORDA FL 33982	2.1 TITLE ☐ Change ☐ Addition	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY, ST, ZIP		2.4 CITY, ST, ZIP	
TITLE DS	HANEY, GEORGE A 5216 RIVERSIDE DR. PUNTA GORDA FL 33982	3.1 TITLE ☒ Change ☐ Addition	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE DT	WILLIAMS, JAMES R 6632 BERNADEAN BLVD. PUNTA GORDA FL 33982	4.1 TITLE ☒ Change ☐ Addition	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE D	KEMNER, GINA 25600 E. MARION AVE PUNTA GORDA FL 33950	5.1 TITLE ☐ Change ☐ Addition	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE ☐ Change ☐ Addition	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		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 if changed, or on an attachment with an address.

SIGNATURE: *George A Haney* 4/28/95 813-575-2264
SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR