

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathison
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**



2. Principal Place of Business

21 State, Apt., #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 State, Apt., #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

**KEMNER, CHARLES H
25600 E. MARION AVE.
PUNTA GORDA FL 33950**

3. Date Incorporated or Qualified

01/27/1994

3a. Date of Last Report

05/01/1995

4. FCI Number

65-0561312

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. 193.032,
Florida Statute ☒ Yes ☐ No

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 Section 607.07(2)(a) and 607.07(2)(b) Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent to be 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 obligation of Section 607.07(2)(a) Florida Statutes.

SIGNATURE

Signature of Officer or Director

Signature of Registered Agent

LAST

12. OFFICERS AND DIRECTORS

12.1 NAME	DP	☐ DELETED
12.2 STREET ADDRESS	KEMNER, CHARLES H	
12.3 CITY, STATE, ZIP	25600 E. MARION AVE.	
12.4 NAME	DV	☐ DELETED
12.5 STREET ADDRESS	THEWLIS, HAROLD J	
12.6 CITY, STATE, ZIP	159 SUNFLOWER ST.	
12.7 NAME	DST	☐ DELETED
12.8 STREET ADDRESS	HANEY, GEORGE A	
12.9 CITY, STATE, ZIP	3512 PALM DRIVE	
12.10 NAME	D	☐ DELETED
12.11 STREET ADDRESS	KEMNER, GINA	
12.12 CITY, STATE, ZIP	25600 E. MARION AVE	
12.13 NAME		☐ DELETED
12.14 STREET ADDRESS		
12.15 CITY, STATE, ZIP		
12.16 NAME		☐ DELETED
12.17 STREET ADDRESS		
12.18 CITY, STATE, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 NAME	☐ Change ☐ Addition
13.2 STREET ADDRESS	
13.3 CITY, STATE, ZIP	☐ Change ☐ Addition
13.4 NAME	
13.5 STREET ADDRESS	
13.6 CITY, STATE, ZIP	☐ Change ☐ Addition
13.7 NAME	
13.8 STREET ADDRESS	
13.9 CITY, STATE, ZIP	☐ Change ☐ Addition
13.10 NAME	
13.11 STREET ADDRESS	
13.12 CITY, STATE, ZIP	☐ Change ☐ Addition
13.13 NAME	
13.14 STREET ADDRESS	
13.15 CITY, STATE, ZIP	☐ Change ☐ Addition
13.16 NAME	
13.17 STREET ADDRESS	
13.18 CITY, STATE, ZIP	☐ Change ☐ Addition

14. I declare, certify that the information supplied within this filing is correct, true and does not qualify for the exemption state in Section 119.07(3)(k) Florida Statutes. I further certify that the information included on this annual report or supplementary annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of this corporation or the registered agent 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 of this report or on an attached address.

SIGNATURE:

Harold Thewlis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VP

(941) 634-3817

Telephone

CR2E034 (12/95)