

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

**APPROVED
AND
FILED**

95 MAY 1 11:55

DEPT. OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Jeffrey B. Matthews
Secretary of State
Orlando, Florida 32804-1000

DOCUMENT # P94000077557 (4)

1. Corporation Name

MYAKKA RIVER, INC.

Principal Place of Business

**11311 TAMiami TRAIL
PUNTA GORDA FL 33955**

Principal Address

**11311 TAMiami TRAIL
PUNTA GORDA FL 33955**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or re-incorporated
10/21/1994

3a. Date of Last Report

~ / ~

4. FID Number

65-0534670

Approved For

First Application

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contributions ☐

**\$5.00 May Be
Added to Fees**

8. This corporation has adopted the integrable fee system for 1995 (SD)
Florida Statute ☒ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

2b. State of Inc.

2b. State of Inc.

22

27

2c. City, State

2c. City, State

23

28

2d. City, State

2d. City, State

24

29

30

9. Name and Address of Current Registered Agent

**DURIEA, E. RUSSELL
11311 TAMiami TRAIL
PUNTA GORDA FL 33955**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (If no number is not acceptable)

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of sections 608.01 and 608.02, Florida Statutes, the above named corporation submits this statement for the purpose of having its registered office or registered agent(s) in the State of Florida. Such change was authorized by the corporation's board of directors or authority as set forth in the certificate of incorporation or the certificate of amendment to the certificate of incorporation, Florida Statutes.

Signature of

12. Name and Address of Registered Agent

12.

NAME

STREET ADDRESS

CITY

STATE

ZIP CODE

NAME

STREET ADDRESS

CITY

STATE

ZIP CODE

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CITY

STATE

ZIP CODE

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and that it complies with the requirements stated in law for this type of filing. Florida Statutes. I further certify that the information is true and correct and that it complies with the requirements of the law and that the corporation has the same expedited filing of records under the law. That I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes, and that my name appears in Block 1, or Block 1a, of the corporation's annual report with an address.

SIGNATURE:

Linor A Dueker Linor A Dueker
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

5/1/95

813 637-6421