

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000077557 (4)**

1. Corporation Name

MYAKKA RIVER, INC.



Principal Place of Business

**11311 TAMiami TRAIL
PUNTA GORDA FL 33955**

Mailing Address

**11311 TAMiami TRAIL
PUNTA GORDA FL 33955**

2. Principal Place of Business

2a. Mailing Address

21 **3502 SO. McCALL RD**

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **UNIT # 11**

27

City & State

City & State

23 **ENGLEWOOD, FL**

28

Zip

Country

Zip

Country

24 **34224**

25 **CHARLOTTE**

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

10/21/1994

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0534670

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. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

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

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 date of registration

(Part 1: Registered Agent Signature Required when removing)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PTD	☐ DELETE
NAME	DURIEA, E. RUSSELL	
STREET ADDRESS	11311 TAMiami TRAIL	
CITY-ST-ZIP	PUNTA GORDA FL 33955	
TITLE	VSD	☐ DELETE
NAME	DURIEA, LINDA A	
STREET ADDRESS	11311 TAMiami TRAIL	
CITY-ST-ZIP	PUNTA GORDA FL 33955	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-ST-ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-ST-ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-ST-ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-ST-ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. 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 119.07(3)(k), 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96 (94) 473-0621
DATE
ELECTRONIC FILING

CR2E034 (12/95)