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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State 🔍

DIVISION OF CORPORATIONS

1996

P95000056756 (6) **DOCUMENT #** Corporation Name

DEAD RIVER VICES, INC.

Principal Place	e of Business	Mailing Address			-				
1084 FLAGL LEESBURG		P.O. BOX 492460 LEESBURG FL 3474	.O. BOX 492460 EESBURG FL 34749-2460						
						3. Date Incorporated or Qualified 07/20/1995	3a. Date	of Last I	Report
· '	ace of Business	2a. Mailing Address				4. FET Number		7	Applied For
21 Suito Ant	h ala	26				59-3341591			Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired	П		5 Additional
City & State	9	City & State							Required
23		28				Election Campaign Financing Trust Fund Contribution			00 May Be
Zip	Country	Zip	Count	trγ			tangihle to		ed to Fees
24 25		29		30		B. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No			
	Name and Address of Curren	t Registered Agent				10. Name and Address of New Re		Agent	
			8	31	Name				
RICHEY	, STEVEN J		8	32	Street Addre	ess (P.O. Box Number is Not Acceptable			
	AGLER AVE		_		·				
LEESBU	IRG FL 34748		8	33					
			8	4	City			85 Z	ip Code
11 Durement	to the provisions of Scations 607 8500						FL		•
or register	ed agent, or both, in the State of Floric	and 607. 1508, Florida Stati da. Such change was author	ites, the above ized by the co	e∙na rpo	amed corpora pration's board	ation submits this statement for the purp d of directors. I hereby accept the appo	ose of chaintment as i	nging its	registered office
	in, and accept the obligations of, Secti	on 607.0505, Florida Statute	es.			to the same of the	- K HO II GO	egistere	a agent ran
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable #	√OTE Hegistered Ag		t Europe at an intercept and in	and the second of the second o			
12.	OFFICERS AND DIRECTORS		13.		age a pre tentitien	ADDITIONS/CHANGES TO OFFICE	DATE SERS AND	DIRECTO	100 IN 10
TITLE	P	DELETE		1 1 TITLE				Change	Addition
NAME	SHEPHERD, CHARLES W III		1.2 NAM	F			_	,	
STREET ADDRESS	932 E MAIN ST		1.3 STRE	ET A	ADDRESS				
CITY-ST-ZIP	LEESBURG FL 34748		1.4 CITY	- \$1	- ZIF				
TITLE	\$	DELETE	2 1 1111	E] Change	Addition
NAME	DONAHEY, VIC		2.2 NAMI	E					
STREFT ADDRESS	7940 US HWY 441		23 STRE	ET A	ADDRESS				
CITY-ST-ZIP	LEESBURG FL 34788		24 CITY-		-712				
NAME		☐ DELETE	3. 1 TWLE		Ì		[] Change	☐ Addit₁on
STREET ADORESS			3 2 NAM6						
CITY-ST-ZIP			3.3 STRE		ļ				
TITLE		DELETE	4. 1 TITUE		- ZIP				
NAME			4.2 NAME				L	Change	Addition
STREET ADDRESS					mnosee				
CITY-ST-ZIP			4.3 \$1868 4.4 CITY -			The first time arms arms as a common as			
TITLE		☐ DELE1E	5 1 1111.6			<u> </u>	النيا <u>.</u> الأراث	ù Ĉrjanne	Addition
NAME			5.2 NAME			***200.00	o=- (<u>)₽</u>) S range	
STREET ADDRESS			5.3 STREE		DORESS	er er er er stadelig i stadel			
CITY - ST - ZIP			5 4 CITY -						
TITLE		☐ DELE1E	6 1 T TLF					Change	Addition
NAME			6.2 NAME				_	-	
STREET ADDRESS			6.3 STREE	I AE	DORESS				
CITY - ST - ZIP									1

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: C. Tulle July Type On PRINTED NAME

C W Shepherd TH