

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **736577** (8)
1. Corporation Name
PEACE RIVER MAINTENANCE INC.



Principal Place of Business: LIVINGSTON STREET, P.O. BOX 2969, ARCADIA FL 33821
Mailing Address: LIVINGSTON STREET, P.O. BOX 2969, ARCADIA FL 33821

3. Date Incorporated or Qualified: 08/11/1976
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-2413352
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

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30
Suite, Apt. #, etc.
City & State
Zip Country

9. Name and Address of Current Registered Agent: SPIEGEL, BILL, 1919 N.W. GOATHILL DR., ARCADIA FL 33821
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 85 Zip Code (FL)

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SNOW, ROBERT	1.2 NAME	
STREET ADDRESS	4282 NORTH RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ARCADIA FL 33821	1.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPERRY, ELIOT W.	2.2 NAME	
STREET ADDRESS	1998 NW GOAT HILL ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ARCADIA FL 33821	2.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FARRENS, MICHAEL	3.2 NAME	
STREET ADDRESS	1442 NW FARRENS DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ARCADIA FL 33821	3.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, JOHN	4.2 NAME	
STREET ADDRESS	4224 NORTH ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	ARCADIA FL	4.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPIEGEL, BILL	5.2 NAME	
STREET ADDRESS	1919 NW GOATHILL RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	ARCADIA FL 33821	5.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STONE, KEN	6.2 NAME	
STREET ADDRESS	3943 NW NORTH RD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	ARCADIA FL 33821	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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Bill Spiegel* 3-15-96 941-484-7612
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)