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FILED
May 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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
4. FEI Number: 59-2413352
Applied For: Not Applicable

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

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 FL 85 Zip Code

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: Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> DELETE
NAME	SNOW, ROBERT	
STREET ADDRESS	4282 NORTH RD.	
CITY-ST-ZIP	ARCADIA FL 33821	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	SPERRY, ELIOT W.	
STREET ADDRESS	1998 NW GOAT HILL ST.	
CITY-ST-ZIP	ARCADIA FL 33821	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	FARRENS, MICHAEL	
STREET ADDRESS	1442 NW FARRENS DR.	
CITY-ST-ZIP	ARCADIA FL 33821	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	JONES, JOHN	
STREET ADDRESS	4224 NORTH ROAD	
CITY-ST-ZIP	ARCADIA FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SPIEGEL, BILL	
STREET ADDRESS	1919 NW GOATHILL RD.	
CITY-ST-ZIP	ARCADIA FL 33821	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	PAFFORD THOMAS	
1.3 STREET ADDRESS	4152 NW NORTH RD	
1.4 CITY-ST-ZIP	ARCADIA FL 34266	
2.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JONES JOHN	
2.3 STREET ADDRESS	4224 NW NORTH RD	
2.4 CITY-ST-ZIP	ARCADIA FL 34266	
3.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SNOW, ROBERT	
3.3 STREET ADDRESS	4282 NW NORTH RD	
3.4 CITY-ST-ZIP	ARCADIA FL 34266	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: [Handwritten Signature]

CR2E037 (10/97)