

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 04, 1999 8:00 am**  
**Secretary of State**

05-04-1999 90121 030 \*\*\*\*61.25

0088413

|   |   |  |
|---|---|--|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1999</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|--|

**DOCUMENT # 736577**

1. Corporation Name  
**PEACE RIVER MAINTENANCE INC.**

\* 4 8 480817 - 90121 - 30

|  |   |
|--|---|
| Principal Place of Business<br>LIVINGSTON STREET<br>P.O. BOX 2969<br>ARCADIA FL <del>33821</del><br><b>34266</b> | Mailing Address<br>LIVINGSTON STREET<br>P.O. BOX 2969<br>ARCADIA FL <del>34266</del><br>US <b>34265</b> |
|--|---|



|   |                        |   |
|---|------------------------|---|
| 2. Principal Place of Business                  | 2a. Mailing Address    | 3. Date Incorporated or Qualified<br><b>08/11/1976</b>  |
| 21 Suite, Apt. #, etc.                          | 26 Suite, Apt. #, etc. | 4. FEI Number<br><b>59-2413352</b>  |
| 22 City & State                                 | 27 City & State        | Applied For<br>Not Applicable   |
| 23 Zip  | 28 Zip                 | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |
| 24 Country                                      | 29 Country             | 30 Country  |
| 25  | 29                     | 30  |
| 9. Name and Address of Current Registered Agent |                        | 10. Name and Address of New Registered Agent  |

9. Name and Address of Current Registered Agent

**SPIEGEL, BILL**  
**1919 N.W. GOATHILL DR.**  
**ARCADIA FL ~~33821~~**  
**34266**

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

12. OFFICERS AND DIRECTORS

|                |                                   |                                 |
|----------------|-----------------------------------|---------------------------------|
| TITLE          | PD                                | <input type="checkbox"/> DELETE |
| NAME           | PAFFORD, THOMAS                   |                                 |
| STREET ADDRESS | 4152 NW NORTH RD                  |                                 |
| CITY-ST-ZIP    | ARCADIA FL 34266                  |                                 |
| TITLE          | SD                                | <input type="checkbox"/> DELETE |
| NAME           | JONES, JOHN                       |                                 |
| STREET ADDRESS | 4224 N W NORTH RD                 |                                 |
| CITY-ST-ZIP    | ARCADIA FL 34266                  |                                 |
| TITLE          | VPD                               | <input type="checkbox"/> DELETE |
| NAME           | SNOW, ROBERT                      |                                 |
| STREET ADDRESS | 4282 N W NORTH ROAD               |                                 |
| CITY-ST-ZIP    | ARCADIA FL 34266                  |                                 |
| TITLE          | PD                                | <input type="checkbox"/> DELETE |
| NAME           | JONES, JOHN                       |                                 |
| STREET ADDRESS | 4224 NORTH ROAD                   |                                 |
| CITY-ST-ZIP    | ARCADIA FL 34266                  |                                 |
| TITLE          | TD                                | <input type="checkbox"/> DELETE |
| NAME           | SPIEGEL, BILL                     |                                 |
| STREET ADDRESS | 1919 NW GAOTHILL RD.              |                                 |
| CITY-ST-ZIP    | ARCADIA FL <del>33821</del> 34266 |                                 |
| TITLE          |                                   | <input type="checkbox"/> DELETE |
| NAME           |                                   |                                 |
| STREET ADDRESS |                                   |                                 |
| CITY-ST-ZIP    |                                   |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |   |
|--------------------|---|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |   |
| 1.3 STREET ADDRESS |   |
| 1.4 CITY-ST-ZIP    |   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |   |
| 2.3 STREET ADDRESS |   |
| 2.4 CITY-ST-ZIP    |   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |   |
| 3.3 STREET ADDRESS |   |
| 3.4 CITY-ST-ZIP    |   |
| 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, with all other like empowered.

SIGNATURE: *THOMAS PAFFORD* *Revised* *Peffer* 4/27/99 941 993 0213  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)