

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED  
95 MAY -1 PM 8:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **H44461** (2)

1. Corporation Name  
**KEVIN PEARCE & CO., INC.**

Principal Place of Business Mailing Address  
**315 W CUMMINGS ST. LAKE ALFRED, 33850** **315 W CUMMINGS ST. LAKE ALFRED, 33850**  
**P O BOX 1477** **P O BOX 1477**  
**HAINES CITY FL 33845-1477** **HAINES CITY FL 33845-1477**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **02/26/1985** 3a. Date of Last Report **05/01/1994**  
4. FEI Number **58-2504487** Applied for  Not Applicable   
6. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

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

9. Name and Address of Current Registered Agent  
**PEARCE, KEVIN E.**  
**315 W CUMMINGS ST.**  
**LAKE ALFRED FL 33850**

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

12. OFFICERS AND DIRECTORS  
TITLE **DP**  
NAME **PEARCE, KEVIN E.**  
STREET ADDRESS **315 W. CUMMINGS ST.**  
CITY-ST-ZIP **LAKE ALFRED FL**  
TITLE **D**  
NAME **PEARCE, WARREN E.**  
STREET ADDRESS **3214 FAIRMONT PL 2512 Crest DR**  
CITY-ST-ZIP **HAINES CITY FL**  
TITLE **D**  
NAME **PEARCE, PATTY J.**  
STREET ADDRESS **3214 FAIRMONT PL 2512 Crest DR**  
CITY-ST-ZIP **HAINES CITY FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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 110.07(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: *Kevin Pearce* 4/24/95 813-439-7691  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Optional) (Circle 8)