

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

CORPORATION  
ANNUAL REPORT  
1995



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

**APPROVED  
AND  
FILED**

95 MAY -1 PM 8:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **H52296** (1)

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

Principal Place of Business <b>150 RD 546 (LAKE HAMILTON 33851) P.O. BOX 1477 HAINES CITY FL 33845</b>	Mailing Address <b>150 RD 546 (LAKE HAMILTON 33851) P.O. BOX 1477 HAINES CITY FL 33845</b>
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **04/15/1985**      3a. Date of Last Report **04/29/1994**

4. FEI Number **59-2505167**      Applied For  Not Applicable

5. Certificate of Status Desired  **\$0.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

8. The corporation has liability for intangible tax under S. 109.032, Florida Statutes  Yes  No

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

9. Name and Address of Current Registered Agent <b>PEARCE, PATTY 150 ST RD 546 LAKE HAMILTON FL 33851</b>	81. Name
	82. Street Address (P.O. Box Number is Not Acceptable)
	83. City
	84. City <b>FL</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and (if applicable) (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEARCE, WARREN	1.2 NAME	
STREET ADDRESS	3214 FAIRMONT PL <i>2512 Crest Drive</i>	1.3 STREET ADDRESS	
CITY - ST - ZIP	HAINES CITY FL	1.4 CITY - ST - ZIP	
TITLE	SO	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEARCE, PATTY	2.2 NAME	
STREET ADDRESS	3214 FAIRMONT PL <i>2512 Crest Drive</i>	2.3 STREET ADDRESS	
CITY - ST - ZIP	HAINES CITY FL	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEARCE, KEVIN	3.2 NAME	
STREET ADDRESS	3214 FAIRMONT PL	3.3 STREET ADDRESS	
CITY - ST - ZIP	HAINES CITY FL	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEARCE, KRISTOPHER	4.2 NAME	
STREET ADDRESS	3214 FAIRMONT PL	4.3 STREET ADDRESS	
CITY - ST - ZIP	HAINES CITY FL	4.4 CITY - ST - ZIP	
TITLE	<i>D</i>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Kimberly Mullen</i>	5.2 NAME	
STREET ADDRESS	<i>3214 FAIRMONT PL</i>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<i>HAINES CITY FL 33849</i>	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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: *Patty Pearce* *4/6/95* 813-439-7691  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR