

173.75

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FILED  
Apr 21 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # H52296

(1)

1. Corporation Name

WARREN PEARCE &amp; CO., INC.



Principal Place of Business

150 RD 546 (LAKE HAMILTON 33851)  
P.O. BOX 1477  
HAINES CITY FL 33845

Mailing Address

150 RD 546 (LAKE HAMILTON 33851)  
P.O. BOX 1477  
HAINES CITY FL 33845-1477

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City &amp; State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City &amp; State

28 Zip Country

29

30

3. Date Incorporated or Qualified

04/15/1985

3a. Date of Last Report

04/29/1996

4. FEI Number

59-2505167

Applied For

Not Applicable

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

9. Name and Address of Current Registered Agent

PEARCE, PATTY  
150 ST RD 546  
LAKE HAMILTON FL 33851

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME PEARCE, WARREN  
STREET ADDRESS 2512 CREST DRIVE  
CITY-ST-ZIP HAINES CITY FL

TITLE SD ☐ DELETE

NAME PEARCE, PATTY  
STREET ADDRESS 2512 CREST DRIVE  
CITY-ST-ZIP HAINES CITY FL

TITLE D ☐ DELETE

NAME PEARCE, KEVIN  
STREET ADDRESS 56 SKIDMORE RD  
CITY-ST-ZIP WINTER HAVEN FL

TITLE D ☒ DELETE

NAME PEARCE, KRISTOPHER  
STREET ADDRESS 2313 CREST DR  
CITY-ST-ZIP HAINES CITY FL

TITLE D ☐ DELETE

NAME MULLEN, KIMBERLY  
STREET ADDRESS 3214 FAIRMONT PL  
CITY-ST-ZIP HAINES CITY FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*(Signature)*

4/21/97 429-7691 (941)

CR2E034 (9/96)