


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 07 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra S. Morham</b> Secretary of State DIVISION OF CORPORATIONS
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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

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified <b>04/15/1985</b>	
21		26		4. FEI Number <b>59-2505167</b>	
22		27		Applied For Not Applicable	
23		28		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
24		29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
25		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>PEARCE, PATTY 150 ST RD 548 LAKE HAMILTON FL 33851</b>		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	
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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 reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D PEARCE, WARREN</b>	1.2 NAME	<b>President</b>
STREET ADDRESS	<b>2512 CREST DRIVE</b>	1.3 STREET ADDRESS	<b>2512 Crest Drive</b>
CITY-ST-ZIP	<b>HAINES CITY FL</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SD PEARCE, PATTY</b>	2.2 NAME	<b>Sec/Treas</b>
STREET ADDRESS	<b>2512 CREST DRIVE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HAINES CITY FL</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D PEARCE, KEVIN</b>	3.2 NAME	<b>V. President</b>
STREET ADDRESS	<b>58 SKIDMORE RD</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WINTER HAVEN FL</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D MULLEN, KIMBERLY</b>	4.2 NAME	<b>Board of directors</b>
STREET ADDRESS	<b>3214 FAIRMONT PL</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HAINES CITY FL</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Kristopher Pearce</b>	5.2 NAME	<b>Board of directors</b>
STREET ADDRESS	<b>Po Box 1477</b>	5.3 STREET ADDRESS	<b>(NIA)</b>
CITY-ST-ZIP	<b>HAINES CITY FL 33845</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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 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:  3/13/98 941 439-7691  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0418220

CR2E034 (10/97)