

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 19, 1999 8:00 am  
Secretary of State

05-19-1999 90030 022 \*\*\*476.25

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DOCUMENT # H52296

1. Corporation Name

WARREN PEARCE & 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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/15/1985

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 owes the current year Intangible  
Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PEARCE, PATTY  
150 ST RD 546  
LAKE HAMILTON FL 33851

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE

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

1.1 TITLE ☐ Change ☐ Addition

TITLE ST ☐ DELETE

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

1.2 NAME ☐ Change ☐ Addition

TITLE VP ☐ DELETE

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

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE D ☐ DELETE

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

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D ☒ DELETE

NAME PEARCE, K  
STREET ADDRESS POB 1477  
CITY-ST-ZIP HAINES CITY FL 33845

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS  
2.4 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/99 941-439-7691  
Date Daytime Phone #

CR2E034 (11/98)