

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **H99411 (1)**

1. Corporation Name
WARREN PEARCE TRUCK BROKERS, INC.



Principal Place of Business: 150 ST RD 546 (LK HAMILTON, FL 33851)
P.O. BOX 1477 HAINES CITY FL 33845

Mailing Address: 150 ST RD 546 (LK HAMILTON, FL 33851)
P.O. BOX 1477 HAINES CITY FL 33845

3. Date Incorporated or Qualified: **02/14/1986** 3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-2628834	Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
23 City & State	28 City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24 Zip	25 Country	29 Zip	30 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	85 Zip Code
			FL	

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	D PEARCE, WARREN <input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEARCE, WARREN	2. NAME	
STREET ADDRESS	2512 CREST DR	3. STREET ADDRESS	
CITY-ST-ZIP	HAINES CITY FL	4. CITY-ST-ZIP	
TITLE	DS PEARCE, PATTY <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEARCE, PATTY	2.2 NAME	
STREET ADDRESS	2512 CREST DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	HAINES CITY FL	2.4 CITY-ST-ZIP	
TITLE	D PEARCE, KEVIN E. <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEARCE, KEVIN E.	3.2 NAME	
STREET ADDRESS	315 W. CUMMINGS ST. <i>address change</i>	3.3 STREET ADDRESS	56 Skidmore Rd.
CITY-ST-ZIP	LAKE ALFRED FL	3.4 CITY-ST-ZIP	Winter Haven, FL 33884
TITLE	D MULLEN, KIMBERLY <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MULLEN, KIMBERLY	4.2 NAME	
STREET ADDRESS	3214 FAIRMONT PLACE	4.3 STREET ADDRESS	
CITY-ST-ZIP	HAINES CITY FL	4.4 CITY-ST-ZIP	
TITLE	D PEARCE, KRISTOPHER <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEARCE, KRISTOPHER	5.2 NAME	
STREET ADDRESS	3214 FAIRMONT PLACE <i>address change</i>	5.3 STREET ADDRESS	2313 Crest Drive
CITY-ST-ZIP	HAINES CITY FL	5.4 CITY-ST-ZIP	Haines City, FL 33844
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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 of an attachment with an address.

SIGNATURE: *Kimberly Mullen* DATE: **1/23/96** DAYTIME PHONE #: **941-439-7691**

CR2E034 (12/95)