

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

**FILED**  
**Apr 09 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 # 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 33845-1477

3. Date Incorporated or Qualified: **02/14/1986**      3a. Date of Last Report: **04/29/1996**

4. FEI Number: **59-2628834**      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

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24

2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	PEARCE, WARREN	<input type="checkbox"/> DELETE
NAME		2512 CREST DR	
STREET ADDRESS		HAINES CITY FL	
CITY-ST-ZIP			
TITLE	DS	PEARCE, PATTY	<input type="checkbox"/> DELETE
NAME		2512 CREST DR	
STREET ADDRESS		HAINES CITY FL	
CITY-ST-ZIP			
TITLE	D	PEARCE, KEVIN E.	<input type="checkbox"/> DELETE
NAME		58 SKIDMORE DR	
STREET ADDRESS		WINTER HAVEN FL	
CITY-ST-ZIP			
TITLE	D	MULLEN, KIMBERLY	<input type="checkbox"/> DELETE
NAME		3214 FAIRMONT PLACE	
STREET ADDRESS		HAINES CITY FL	
CITY-ST-ZIP			
TITLE	D	PEARCE, KRISTOPHER	<input checked="" type="checkbox"/> DELETE
NAME		2313 CREST DR	
STREET ADDRESS		HAINES CITY FL	
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: \_\_\_\_\_ **4-2-97** **941-439-7691**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)