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May 19, 1999 8:00 am
Secretary of State

05-19-1999 90030 022 ***476.25

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # H99411

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



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/14/1986

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-2628834

Applied For
Not Applicable

21 Suite, Apt. #, etc.

26 PO Box 1477

5. Certificate of Status Desired \$8.75 Additional Fee Required

22 City & State

27 HAINES CITY FL

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

23 Zip Country

28 33845 USA

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

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

1.1 TITLE DELETE
1.2 NAME PEARCE, WARREN
1.3 STREET ADDRESS 2512 CREST DR
1.4 CITY-ST-ZIP HAINES CITY FL
2.1 TITLE DELETE
2.2 NAME PEARCE, PATTY
2.3 STREET ADDRESS 2512 CREST DR
2.4 CITY-ST-ZIP HAINES CITY FL
3.1 TITLE DELETE
3.2 NAME PEARCE, KEVIN E.
3.3 STREET ADDRESS 56 SKIDMORE DR
3.4 CITY-ST-ZIP WINTER HAVEN FL
4.1 TITLE DELETE
4.2 NAME MULLEN, KIMBERLY
4.3 STREET ADDRESS 3214 FAIRMONT PLACE
4.4 CITY-ST-ZIP HAINES CITY FL
5.1 TITLE DELETE
5.2 NAME PEARCE, KRISTOPHER
5.3 STREET ADDRESS P.O. BOX 1477 N/A
5.4 CITY-ST-ZIP HAINES CITY FL 33845
6.1 TITLE DELETE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 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 (1/198)