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

**PROFIT** CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT 1. Corporation Name	#	J43

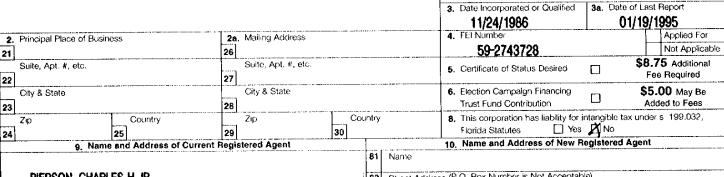
(9)

PIERSON & PIERSON, INC.

Principal Place of Business Mailing Address

1174 NORWOOD DRIVE **DELTONA FL 32725-7253** 

PO BOX 6131 **DELTONA FL 32728** 



PIERSON, CHARLES H JR
1174 NORWOOD DRIVE
DELTONA FL 32725

81	Name				
62	Street Address (P.O. Box Number is Not Acceptable)				
83					
84	City	FI	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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE	ignature, typod or printed name of registered agent and title Appplicable	(NOTE: Re	gistered Agent signature require:	d when reinstating)	DATE	
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE		DFLETE	1 1 TITLE		☐ Change	Addition
NAME	PIERSON, GLENNA K		1.2 NAME			ĺ
STREET ADDRESS	1174 NORWOOD DRIVE	i i	1.3 STREET ADDRESS			
CITY-ST-ZIP	DELTONA FL 32725		1.4 GITY - S1 - ZIP			
TITLE	VTD	DELETE	2. 1 TITLF		Change	☐ Addition
NAME	PIERSON, CHARLES H JR		2 2 NAME			ľ
STREET ADDRESS	1174 NORWOOD DR		2.3 STREET ADDRESS			
CITY-ST-ZIP	DELTONA FL		2 4 CiTY - \$1 - ZiP			
TITLE		DELETE	3 1 TITLE		Change	Addition
NAME			3 2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4 CITY-ST-ZIP			
TITLE		DELETE	4. 1 TiTLE		Change	Addition
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			Ì
CITY-ST-ZIP			4.4 CITY - ST - ZIP			
TITLE		DELETE .	5 1 TITLE		Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-SI-ZIP			5.4 C(1) - \$1 - Z(P			
TITLE		☐ DELETE	6 1 TITLE		☐ Change	Addition
NAME			62 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY_ST_ZIP		i	6.4 CHY+S1-ZIP			

14. If 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 eath; 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 challed, or on an attachment with an address,

**SIGNATURE**