

**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 # **K98343** (2)

1. Corporation Name

**PEIRCE GRAPHIC SERVICES, INC.**



Principal Place of Business

Mailing Address

~~5150 S.E. FEDERAL HIGHWAY~~  
~~STUART FL 34997~~  
~~10-96~~

~~5150 S.E. FEDERAL HIGHWAY~~  
~~STUART FL 34997~~

2. Principal Place of Business

2a. Mailing Address

21 **10 CENTRAL PARKWAY, STE 220**

26 **10 CENTRAL PARKWAY**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 **STUART, FL**

28 **STUART, FL**

24 Zip

Country

29 Zip

Country

25 **MARIN**

30 **MARIN**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PEIRCE, LINDA A.**  
**2636 SW GREENWICH WAY**  
**PALM CITY FL 34990**

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

*Linda A. Peirce*  
Signature, typed printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/23/96**

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>PEIRCE, GARY W.</b>	
STREET ADDRESS	<b>2636 SW GREENWICH WAY</b>	
CITY-ST-ZIP	<b>PALM CITY FL</b>	
TITLE	<b>PV</b>	<input type="checkbox"/> DELETE
NAME	<b>PEIRCE, LINDA A.</b>	
STREET ADDRESS	<b>2636 SW GREENWICH WAY</b>	
CITY-ST-ZIP	<b>PALM CITY FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.1 TITLE		
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	<b>500001798725</b>	
4.3 STREET ADDRESS	<b>-04/29/96--01047--011</b>	
4.4 CITY-ST-ZIP	<b>***200.00</b>	
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 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 on an attachment with an address.

SIGNATURE:

*Gary W. Peirce*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**GARY W. PEIRCE**

**4/23/96**  
Date

**(407) 220-1400**  
Daytime Phone #

**SC-4-28-96**

CR2E034 (12/95)