

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

**FILED**

**Apr 24 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P93000003608 (5)**  
 1. Corporation Name  
**PIERSON HEATING, AIR CONDITIONING & ELECTRICAL CONTRACTORS INC.**

Principal Place of Business <b>2004 JONES RD JACKSONVILLE FL 32220</b>	Mailing Address <b>P O BOX 10234 JACKSONVILLE FL 32247-0234</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>01/15/1993</b>	3a. Date of Last Report <b>04/25/1996</b>
21. Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	4. FEI Number <b>59-3157903</b>	Applied For <input type="checkbox"/> Not Applicable
25. Zip	26. Country	27. Suite, Apt. #, etc.	28. City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
29. Zip	30. Country	31. Suite, Apt. #, etc.	32. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>PIERSON, DAVID M 2004 JONES RD JACKSONVILLE FL 32220</b>				10. Name and Address of New Registered Agent	
				B1. Name	
				B2. Street Address (P.O. Box Number is Not Acceptable)	
				B3. City	
				B4. City	FL B5. 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIERSON, DAVID M	1.2 NAME	
STREET ADDRESS	2004 JONES RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIERSON, CHARLES W	2.2 NAME	
STREET ADDRESS	2004 JONES RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	
TITLE	ST	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIERSON, NANCY G	3.2 NAME	
STREET ADDRESS	2004 JONES RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	
TITLE	ASVP	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIERSON, DAVID M.	4.2 NAME	
STREET ADDRESS	2004 JONES ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		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 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, 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: *[Signature]* 4/17/96 904-448-2665

CR2E034 (9/96)