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FILED
May 01 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000087913 (8)

1. Corporation Name

PIER A DEVELOPMENT CORP.

Principal Place of Business

245 FRONT ST
KEY WEST FL 33040
US

Mailing Address

P O BOX 4727
PORTSMOUTH NH 03802
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/27/1993

4. FEI Number

65-0478838

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

1000 Market St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Bldg 1

City & State

City & State

Portsmouth NH

Zip

Country

Zip

Country

24

25

29

30

03801

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION INFORMATION SERVICES INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

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 firm if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME WALSH, MARK
STREET ADDRESS 1100 LINTON BLVD STE C9
CITY-ST-ZIP DELRAY BEACH FL

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME WALSH, MICHAEL
STREET ADDRESS 1100 LINTON BLVD STE C9
CITY-ST-ZIP DELRAY BEACH FL

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE

3.1 TITLE ☒ Change ☐ Addition

NAME WALSH, WILLIAM
STREET ADDRESS ONE CATE ST., STE. 3
CITY-ST-ZIP PORTSMOUTH NH

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME MCMURRAIN, THOMAS T
STREET ADDRESS 1100 LINTON BLVD STE C9
CITY-ST-ZIP DELRAY BEACH FL

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME CRITCHFIELD, RICHARD H
STREET ADDRESS 1100 LINTON BLVD STE C4
CITY-ST-ZIP DELRAY BEACH FL

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME

6.2 NAME

STREET ADDRESS

6.3 STREET ADDRESS

CITY-ST-ZIP

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.

SIGNATURE:

Michael Walsh

3/17/98

CR2E034 (10/97)