

314339

Annual Report  
filed 3-11-93

800002537318-6

File Now. Filing Fee after May 1 is \$225.00

CORPORATION  
ANNUAL REPORT  
1993



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

1. Name and Mailing Address of Corporation: **DOCUMENT # 314333 (3)**

**P-I-E NATIONWIDE, INC.**  
**4814 PHILLIPS HWY**  
**JACKSONVILLE FL 32257-7270**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>02/27/1987</b>		3a. Date of Last Payment <b>03/08/1992</b>	
4. FET Number <b>591262008</b>		5. Certificate of Status Legend <input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fee</b>	
7. Nonprofit with 993 (01)(c)(i) Tax Exempt Status <input type="checkbox"/>		<b>\$138.75 Supplemental Fee Not Required</b>	
8. This corporation has liability for intangible tax under 8-109.002 Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

2. Mailing Address: 21. Suite Apt #, etc. 22. City & State 23. Zip 24. Country		2a. Principle Place of Business: 26. Suite Apt #, etc. 27. City & State 28. Zip 29. Country		10. Name and Address of New Registered Agent: 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City 85. Zip Code 86. Country	
--	--	---	--	---	--

9. Name and Address of Current Registered Agent:  
**C T CORPORATION SYSTEM**  
**1200 S. PINE ISLAND ROAD**  
**JACKSONVILLE FL 32324**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 607.0402 and 607.1508, Florida Statutes, the above named corporation submits this statement to the proper officer of 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 consent to the provisions of Section 607.0505, Florida Statutes.

12. OFFICERS AND DIRECTORS		13. OFFICERS AND DIRECTORS CHANGES	
1. TITLE	<b>T/R</b>	1. TITLE	
2. NAME	<b>WHITAKER, LLOYD T.</b>	2. NAME	
3. ADDRESS	<b>4814 PHILLIPS HWY.</b>	3. ADDRESS	
4. CITY, ST, ZIP	<b>JACKSONVILLE FL</b>	4. CITY, ST, ZIP	
5. TITLE	<b>V/P</b>	5. TITLE	
6. NAME	<b>TOMM, CHARLES B.</b>	6. NAME	
7. ADDRESS	<b>4814 PHILLIPS HWY.</b>	7. ADDRESS	
8. CITY, ST, ZIP	<b>JACKSONVILLE FL</b>	8. CITY, ST, ZIP	
9. TITLE		9. TITLE	
10. NAME		10. NAME	
11. ADDRESS		11. ADDRESS	
12. CITY, ST, ZIP		12. CITY, ST, ZIP	
13. TITLE		13. TITLE	
14. NAME		14. NAME	
15. ADDRESS		15. ADDRESS	
16. CITY, ST, ZIP		16. CITY, ST, ZIP	
17. TITLE		17. TITLE	
18. NAME		18. NAME	
19. ADDRESS		19. ADDRESS	
20. CITY, ST, ZIP		20. CITY, ST, ZIP	

14. I certify that the information included in this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if I had signed the report in person. I am familiar with and consent to the provisions of Section 607.0505, Florida Statutes, and that my name is being used in this report as required by Chapter 607 of the Florida Statutes.

**SIGNATURE** *[Signature]* DATE **3/8/93**  
Print Type Name of Signer: **Charles B. Tomm** Title: **Executive Vice President** Daytime Telephone Number: **(904) 731-0580**

*DK*  
*[Signature]*