

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR 21 PM 3: 58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 432514

(8)

1. Corporation Name

PEART AND ASSOCIATES, INC.

Principal Place of Business

327 SO. M. L. KING BLVD.
P.O. BOX 1873
DAYTONA BEACH FL 32115

Mailing Address

327 SO. M. L. KING BLVD.
P.O. BOX 1873
DAYTONA BEACH FL 32115

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/08/1973

3a. Date of Last Report

04/08/1994

4. FEI Number

59-1532003

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KENDRICK, MARY L.
P.O. BOX 1873
327 SO. M. L. KING BLVD.
DAYTONA BEACH FL 32015

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 title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

P

NAME

CHERRY, CHARLES W.

STREET ADDRESS

623 ORANGE AVE.

CITY-ST-ZIP

DAYTONA BEACH FL

TITLE

V

NAME

PEART, DAVID O.

STREET ADDRESS

1388 PLEASANT VALLEY WAY

CITY-ST-ZIP

WEST ORANGE, N. J.

TITLE

S

NAME

KENDRICK, MARY L.

STREET ADDRESS

732 WASHINGTON ST.

CITY-ST-ZIP

DAYTONA BEACH FL

TITLE

T

NAME

BOYD, THOMAS J.

STREET ADDRESS

116 KERRYTON ROAD

CITY-ST-ZIP

COLUMBIA SC

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ 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:

Mary L. Kendrick

Mary L. Kendrick

3/16/95

704/258-1889

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytona Phone #