


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

04784

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90130 032 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 660617					
1. Corporation Name PIERCE PROFESSIONAL SERVICES, INC.					
Principal Place of Business 3656 OAK GROVE DR SARASOTA FL 34243 US			Mailing Address 3656 OAK GROVE DR. SARASOTA FL 34243 US		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/17/1980	
21	Suite, Apt #, etc.	26	Suite, Apt #, etc.	4. FEI Number 59-1997253	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent PIERCE, GEORGE C. 3656 OAK GROVE DR. SARASOTA FL 34243				10. Name and Address of New Registered Agent	
				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 _____ (NOTE: Registered Agent signature required when reinstating.) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	V	<input type="checkbox"/> DELETE			
NAME	PIERCE, STEPHEN C				
STREET ADDRESS	3656 OAK GROVE DR.				
CITY-ST-ZIP	SARASOTA FL				
TITLE	PTD	<input type="checkbox"/> DELETE			
NAME	PIERCE, GEORGE				
STREET ADDRESS	3656 OAK GROVE DR.				
CITY-ST-ZIP	SARASOTA FL				
TITLE	VSD	<input type="checkbox"/> DELETE			
NAME	PIERCE, PAMELA D.				
STREET ADDRESS	3656 OAK GROVE DR.				
CITY-ST-ZIP	SARASOTA FL				
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					
11 TITLE					
12 NAME					
13 STREET ADDRESS					
14 CITY-ST-ZIP					
21 TITLE					
22 NAME					
23 STREET ADDRESS					
24 CITY-ST-ZIP					
31 TITLE					
32 NAME					
33 STREET ADDRESS					
34 CITY-ST-ZIP					
41 TITLE					
42 NAME					
43 STREET ADDRESS					
44 CITY-ST-ZIP					
51 TITLE					
52 NAME					
53 STREET ADDRESS					
54 CITY-ST-ZIP					
61 TITLE					
62 NAME					
63 STREET ADDRESS					
64 CITY-ST-ZIP					



DO NOT WRITE IN THIS SPACE

SIGNATURE:

George C. Pierce
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
George C. Pierce

3/15/99
Date

941-255-8924
Daytime Phone #

CR2E034 (11/98)