**FILED** 

Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90130 032 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## 1999 DOCUMENT # 660617

1. Corporation Name

PIERCE PROFESSIONAL SERVICES, INC.

Principal Place	ce of Business OVE DR	Mailing Address 3656 OAK GROVE	-			L TOLKIK BAKK CIKK BIRKI BIKAK KIBAK KIBAK BIRKI		HAN ALAN IRRI
SARASOTA FL 34243 SARASOTA FL 34243 US			243		DO NOT WRITE IN THIS SPACE			
US US						3. Date Incorporated or Qualifed 03/17/1980		
2. Principal F	Place of Business	2a. Mailing Address			_	4. FEI Number	A	oplied For
21		26				59-1997253	No	ot Applicable
Suite, Apt #, etc.		Suite, Apt #, etc				5. Certificate of Status Desired		Additional equired
City & Sta	ate	City & State				6. Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip	Country	Zip		Country		8. This corporation owes the current year		
24	25	29	30			Personal Property Tax.	☐ Yes	<b>X</b> ONo
	9. Name and Address of Curre					10. Name and Address of New Register	ed Agent	
				81	Name			
PIERCE, GEORGE C. 3656 OAK GROVE DR.				82				
SAF	RASOTA FL 34243			83				
				84	City		85 Zip	Code
office or	it to the provisions of Sections 607.0 registered agent, or both, in the Stat am familiar with, and accept the oblig	te of Florida. Such chan	ne was autho	rized by	the corporat	poration submits this statement for the purposion's board of directors. I hereby accept the a	e of changing its opointment as re	registered egistered
SIGNATURE	<u> </u>					ed when reinstating) DATE		
	Signature, typed or printed name of registered a	AND DIRECTORS	(NOTE RESID	13.	n signature regar	ADDITIONS/CHANGES TO OFFICERS		ORS IN 12
TITLE	I V		LETE	1 1 TITLE			Change	Additio
	PIERCE, STEPHEN C			1 2 NAME				
NAME	**** ONLY OROUT DD		1	13 STREE	- ADDRESS			
STREET ADDRESS	SARASOTA FL		ł	14 CITY-S	1			
CITY-ST-ZIP TITLE	PTD		ELETE	2 ! TITLE	1- OF		☐ Change	Additio
	PIERCE, GEORGE	ت اس	i k	22 NAME				
NAME	2050 OAK ODOVE DD		ľ		ADDRESS			
STREET ADDRESS	SARASOTA FL		1	2 4 CITY-5	1			
CITY-ST-ZIP TITLE	VSD	م آ		3 1 THILE	11-2IF		☐ Change	Addibo
	1 ' '	()	- U	3.2 NAME.	}			
NAME	PIERCE, PAMELA D.		1		T ADDRESS			
STREET ADDRESS	••••• •••• = = =		8		- 1			
CITY-ST-ZIP	SARASOTA FL			34 CITY-S 41 TITLE	91-ZIP		☐ Change	Additio
TITLE	\	[] [	į,				,	_
NINKAE	1			4.2 NAME	1			

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, with all other like empowered.

4 3 STREET ADDRESS

4 4 CITY-ST-ZIP

54 CITY-ST-ZIP

63 STREET ADDRESS

64 CITY-ST-ZIP

51 TITLE

5.2 NAME 5.3 STREET ADDRESS

61 TITLE

6.2 NAME

DELETE

DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

TITLE

NAME

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/99

941-355-8924

Daytime Phone #

☐ Change

☐ Change

Addition

Addition

22F034 (11/98)