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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

## **FILED** Jan 30 1998 8:00am

1998	DIVISION OF CORPORATIONS		Secretary of State			
DOCUMENT # F31413  1. Corporation Name FORT PIERCE INVESTMENTS, INC.	(0)					
Principal Place of Business	Mailing Address			- I SAMITEM LINEN LINES STAFT MEREN TINDU UTTE MENUTE D	1401 4101 B1833 AEI	LET BEBRY SUB:
C/O CHESTER GRIFFIN C/O PREZ. MARIA						
311 SOUTH SECOND ST.  FT. PIERCE FL 34950  D-430 WESTMOUNT AVE SUDBURY ONTARIO P3A5Z US				DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified		
				04/20/1981		
<del>-</del>	2a. Mailing Address			4. FEI Number	A	pplied For
Suite, Apt. #, etc.	26 Cuito Act # ata			98-0047843	<del></del>	ot Applicable
<b>─</b> ─	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional equired
City & State	City & State			6. Election Campaign Financing		May Be
23	28			Trust Fund Contribution		to Fees
Zip Country	Zip	Country		8. This corporation owes or has paid the o	urrent year in	tangible
	19 3	<u>o </u>		Personal Property Tax due June 30.		□ No
9. Name and Address of Current Re	gistered Agent	81	Name	10. Name and Address of New Registere	d Agent	
GRIFFIN, CHESTER B 311 S. 2ND ST.						
FT. PIERCE FL 34950		82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
(1) (1) [1) [2] (1) [2]		83				
		84	Cit.		11-2	
			City	F		Code
<ol> <li>Pursuant to the provisions of Sections 607.0502 an office or registered agent, or both, in the State of Fl agent, I am familiar with, and accept the obligation</li> </ol>	d 607.1508, Florida Statutes,	, the above	e-named corporation	oration submits this statement for the purpose	of changing it	ts registered
agent. I am familiar with, and accept the obligation	s of, Section 607.0505, Florid	da Statutes	. a.o oo portu	on a board or directors. Thereby accept the ap	ppontunent as	registered
SIGNATURE Signature, typed or printed name of registered agent and	title if applicable /NOTE 0	Pagiatored Age	et sie oot ve voer be	d when reinstaling) DATE		
12. OFFICERS AND DIF		13.	nt signature require	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTOR	S IN 12
TITLE PD	☐ DELETE	1.1 TITLE			☐ Change	Addition
NAME PIDUTTI, EMIL		1.2 NAME				
STREET ADDRESS 477 KIRKWOOD DR	F4V 4	1.3 STREET	ADDRESS			
CITY-ST-ZIP SUDBURY ONTARIO CANADA P3	The state of the s	1.4 CITY - ST	- ZIP			
NAME PREZ, MARIA	☐ DELETE	2.1 TITLE			Change	Addition
STREET ADDRESS 895 WOODLAWN DR.		2.2 NAME 2.3 STREET	4DDDEEC	•		
CITY-ST-ZIP SUDBURY ONTARIO CANADA		2.4 CITY-S	l l	• -		
TITLE	DELETE	3.1 TITLE	,- <u>L</u> ii		Change	Addition
NAME		3.2 NAME			•	
STREET ADDRESS		3.3 STREET	ADDRESS			
CITY-SY-ZIP		3,4. CITY - S	T-ZIP			
TITLE	☐ DELETE	4.1 TITLE			Change	☐ Addition
NAME		4. 2 NAME				
STREET ADDRESS		4.3 STREET				
CITY-ST-ZIP TITLE	☐ DELETE	4.4 CITY-ST 5.1 TITLE	- ZIP		Change	Addition
NAME		5.2 NAME	İ		Glunge	
STREET ADDRESS		5.3 STREET	NODRESS			ļ
CITY-SI-ZIP		5.4 CITY-ST	- ZiP			
TITLE	DELETE	6.1 TITLE			Change	Addition
LIALIC .	1					,
NAME		6.2 NAME				ĺ
STREET ADDRESS : CITY-ST-ZIP		6.2 NAME 6.3 STREET A 6.4 CITY-ST				

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 trastee 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:

(705) 525-2200 Jan. 08/98