FILE	NOW: FILIN	IG FEE AFTER	MAY 1ST IS	S \$550.00	FILED	
	PROFIT PORATION			TMENT OF STATE	Apr 16 1998 8:00ai	n
	JAL REPORT			y of State		
•	1998	THE STATE OF THE S	DIVISION OF C	ORPORATIONS	Secretary of State	
DOCUM 1. Corporation	MENT # -	107007	(8)			
	APIERRE, INC.		• •			
Principal Place	e of Business	Maitr	ng Address			
548 BAYRIDGE JACKSONVILLE		548 JAC	BAYRÎDGE RD KSONVÎLLE FL 32216			
us		US	7		DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified	
Gaz	y Lapic.	re Inc	\		06/07/1984	
2. Principal Pl	ace of Business	ea 120. N	Mailing Address	1.0 RI	4, FEI Number Applied For S9-2420969 Not Applicate	nle
Suite, Apt	W. etc.	S	uite, Apt. #, etc.	iynica i w	S Certificate of Status Desired S8.75 Additional	,,,,
City & State)		State F		6. Election Campaign Financing \$5.00 May Be	
23 Jacks		/ / 28	322/6	Country	Trust Fund Contribution	
Zip 24 322		4 Va / 29	`	30 Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
ne:	9, Name and Addi ERDORFER, E. CHA	ress of Current Register	red Agent	81 Name	10. Name and Address of New Registered Agent	_
	19 BLANDING BLVD				ress (P.O. Box Number is Not Acceptable)	
JAC	EXSONVILLE FL 32	210		83	Cost (i.e. box Humbon is net neceptable)	
					[an] To Out	
				84 City	FL 85 Zip Code	
11, Pursuant t	to the provisions of Se egistered agent, or bo	ctions 607.0502 and 607 th, in the State of Florida cept the obligations of, S	1508, Florida Statute Such change was a Section 607,0505, Flo	es, the above-named corp uthorized by the corpora vide Statutes	poration submits this statement for the purpose of changing its registered tion's board of directors. I hereby accept the appointment as registered	∌d i
SIGNATURE						_
12.		me of registered agent and title if a OFFICERS AND DIRECTO		Registered Agent signature requi	red when reinstaling) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TIFLE	PD LAPIERRE GARY	,	DELETE	1.1 TITLE	☐ Change ☐ Additi	on
STREET ADDRESS	548 BAYRIDGE F	80		1.2 NAME 1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE		חביבזנ	1.4 CITY-ST-ZIP	Change C Additi	
TITLE NAME	Lapierr	e Gary Lynlea Ru fl 32	DELETE .	2.1 TITLE 2.2 NAME	L. Change L. Additi	On
STREET ADDRESS	./ .	1/120714	771/	2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	Vax	T1 200	DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE	☐ Change ☐ Addili	on
NAME				3.2 NAME		
STREET ADDRESS CITY-ST-ZIP				3.3 STREET ADDRESS 3.4. CITY - ST - ZIP		
TETLE			☐ DELETE	4.1 TITLE	☐ Change ☐ Addili	on
NAME STREET ADDRESS				4. 2 NAME		
CITY-ST-ZIP				4.3 STREET ADDRESS 4.4 City-St-Zip		
TITLE			DELETE	5.1 TITLE	Change Additi	on
NAME SIREET ADDRESS				5.2 NAME 5.3 STREET ADDRESS		
CITY-ST-ZIP			I os ere	5.4 CITY-ST-ZIP		
NAME			☐ DELETE	6.1 TITLE 6.2 NAME	L] Change L] Additi	อก
STREET ADDRESS				6.3 STREET ADDRESS		
CITY-ST-ZIP	ertify that the informat	ion supplied with this filin	o does not qualify fo	6.4 CiTY-ST-ZiP	Section 119.07(3)(i), Florida Statutes. I further certify that the information	<u></u>
indicated in officer or o	on this annual report of director of the corpora	or supplemental annual re- tion or the reperver or true	eport is true and acci stee empowered to e	rate and that my signatu	re shall have the same legal effect as if made under cath; that I am an juired by Chapter 607, Florida Statutes; and that my name appears in	
Block 12 c	or Block 13 if changed	i, or on an attachment wit	th an address.	•	4.6-98	
SIGNATI	UDE.	//-	1000	1 1 1 1	16 10	

SIGNATURE: