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 MAY -1 PM 10: 05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H44712 (8)

1. Corporate Name
PEARCE LIFT SYSTEMS, INC.

Principal Office Address
5515 41ST AVENUE E
BRADENTON FL 34208

Mailing Address
5515 41ST AVENUE E
BRADENTON FL 34208

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/26/1985
3a. Date of Last Report: 06/06/1994

4. FEI Number: 59-2150029 — Added For: Not Applicable

5. Certificate of Status Desired: ☐ — $8.75 Additional Fee Required

6. Elector Campaign Finance Trust Fund Contribution: ☐ — $5.00 May Be Added to Fees

8. The corporation has been, or is being, audited by the Department of Revenue under Section 213.05, Florida Statutes: ☐ Yes ☐ No

21 / 22 / 23 / 24 / 25 — Principal Office Address: City, State, Zip, County

26 / 27 / 28 / 29 / 30 — Mailing Address: City, State, Zip, County

9. Name and Address of Current Registered Agent
MYERS, H. L.
5515 41ST AVENUE E.
BRADENTON FL 34208

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 Section 607.0505, Florida Statutes, the undersigned corporation hereby acknowledges that the statement filed for the purpose of changing its registered office or registered agent, or both, in accordance with Section 607.0501, Florida Statutes, is hereby adopted as a supplemental or amendatory report under Section 607.0505, Florida Statutes.

FOR AMENDED REPORT ONLY: Check the appropriate box to indicate the type of change being made to the registered office and registered agent.

12. Registered Agent Name
DP
MYERS, HARRIS
5515 41ST AVE, E.
BRADENTON FL

13. Additional Officers and Directors
1. NAME / TITLE / STREET ADDRESS / CITY-STATE-ZIP — ☐ Change ☐ Addition
2. NAME / TITLE / STREET ADDRESS / CITY-STATE-ZIP — ☐ Change ☐ Addition
3. NAME / TITLE / STREET ADDRESS / CITY-STATE-ZIP — ☐ Change ☐ Addition
4. NAME / TITLE / STREET ADDRESS / CITY-STATE-ZIP — ☐ Change ☐ Addition
5. NAME / TITLE / STREET ADDRESS / CITY-STATE-ZIP — ☐ Change ☐ Addition
6. NAME / TITLE / STREET ADDRESS / CITY-STATE-ZIP — ☐ Change ☐ Addition

14. I hereby certify that the information contained herein, to the best of my knowledge, is accurate and complete, and that I am a director or officer 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 above, or on an attached amendment, or on an attached report with the name of a director or officer.

SIGNATURE: Harris L. Myers — 4/25/95 — 813-745-1834
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone #

0347096 CP