

# FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB 20 AM 10: 51

DOCUMENT # H59960

(5)

1. Corporation Name

JIM PIERCE QUALITY MOTORS, INC.

Principal Place of Business

Mailing Address

% DAVID A. DUNKIN  
170 WEST DEARBORN  
ENGLEWOOD FL 34223

% DAVID A. DUNKIN  
170 WEST DEARBORN  
ENGLEWOOD FL 34223

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/03/1985

3a. Date of Last Report

02/28/1994

4. FEI Number

59-2747829

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DUNKIN, DAVID A.  
170 WEST DEARBORN  
ENGLEWOOD FL 33533

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

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP  
NAME PIERCE, JAMES C.  
STREET ADDRESS 3385 ESPO DRIVE  
CITY-ST-ZIP MULBERRY FL

1.1 TITLE DP  
1.2 NAME PIERCE, JAMES C.  
1.3 STREET ADDRESS 6925 KLEIN ROAD  
1.4 CITY-ST-ZIP Lakeland FL 33813  
☒ Change ☐ Addition

TITLE DST  
NAME PIERCE, MARY A.  
STREET ADDRESS 3385 ESPO DRIVE  
CITY-ST-ZIP MULBERRY FL

2.1 TITLE DST  
2.2 NAME PIERCE, MARY A.  
2.3 STREET ADDRESS 6925 KLEIN ROAD  
2.4 CITY-ST-ZIP Lakeland FL 33813  
☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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.

SIGNATURE:

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

James C. Pierce 2-15-95 813-647-3318  
Date Signature #