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 JUN 30 AM 9:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H94098** **(1)**

1. Corporation Name
KRIS PEARCE & CO., INC.

Principal Place of Business	Mailing Address
150 ST RD 546, LAKE HAMILTON, FL 33851 % PATTY PEARCE, P.O. BOX 1477 HAINES CITY FL 33845	150 ST RD 546, LAKE HAMILTON, FL 33851 % PATTY PEARCE, P.O. BOX 1477 HAINES CITY FL 33845

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/15/1986	3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2658059	☐ 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
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

9. Name and Address of Current Registered Agent

PEARCE, PATTY
150 ST RD 546
LAKE HAMILTON FL 33851

10. Name and Address of New Registered Agent

81 Name: KRIS PEARCE
82 Street Address (P.O. Box Number is Not Acceptable): 2313 CREST DR
83
84 City: HAINES CITY FL 85 Zip Code: 33844

11. Pursuant to the provisions of Section 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 _____ DATE
Signature, typed or printed name of registered agent and the date signed. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	☐ Change ☐ Addition
NAME	PEARCE, KRISTOPHER	1.2 NAME	900001532579
STREET ADDRESS	POST OFFICE BOX 1477 N/A	1.3 STREET ADDRESS	-07/07/95--01063--017
CITY-ST-ZIP	HAINES CITY FL	1.4 CITY-ST-ZIP	****225.00 ****225.00
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	PEARCE, WARREN	2.2 NAME	900001532579
STREET ADDRESS	3214 FAIRMONT PL	2.3 STREET ADDRESS	-07/07/95--01063--018
CITY-ST-ZIP	HAINES CITY FL	2.4 CITY-ST-ZIP	******8.75 ******8.75
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	PEARCE, PATTY	3.2 NAME	
STREET ADDRESS	3214 FAIRMONT PL	3.3 STREET ADDRESS	
CITY-ST-ZIP	HAINES CITY FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	DVP ☐ Change ☒ Addition
NAME		4.2 NAME	LISA PEARCE
STREET ADDRESS		4.3 STREET ADDRESS	2313 CREST DR
CITY-ST-ZIP		4.4 CITY-ST-ZIP	HAINES CITY FL 33844
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	REMITTED BY MAY 1
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	6/30
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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.

SIGNATURE: Patty Pearce 6/24/95 813-439-2691
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0448290 FP