

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 16, 1999 8:00 am
Secretary of State

06-16-1999 90015 031 ***550.00

DOCUMENT # H94098

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

Principal Place of Business

150 ST RD 546
LAKE HAMILTON FL 33851

Mailing Address

P.O. BOX 1477
HAINES CITY FL 33845

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/15/1986

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

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

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)

3180 Koko mo Rd

83

84 City

HAINES CITY

FL

85 Zip Code

33845

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

KRIS Pearce

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

(NOTE: Registered Agent Signature required when reinstating)

6-12-99

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
PEARCE, KRISTOPHER
STREET ADDRESS
2313 CREST DR
CITY-ST-ZIP
HAINES CITY FL 33844

TITLE ☒ DELETE

NAME
PEARCE, WARREN
STREET ADDRESS
2512 CREST DR
CITY-ST-ZIP
HAINES CITY FL 33844

TITLE ☒ DELETE

NAME
PEARCE, PATTY
STREET ADDRESS
2512 CREST DR
CITY-ST-ZIP
HAINES CITY FL 33844

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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 with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-12-99

Date

941-435-6675

Daytime Phone #

CR2E034 (11/98)