

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J79800

(5)

1. Corporation Name

PEARSON S MAINTENANCE, INC.



Principal Place of Business

% NANCY PEARSON
2271 OLD KINGS RD
DAYTONA BEACH FL 32119

Mailing Address

% NANCY PEARSON
2271 OLD KINGS RD
DAYTONA BEACH FL 32119

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

PEARSON, NANCY
2271 OLD KINGS RD
DAYTONA BEACH FL 32119

3. Date Incorporated or Qualified

06/26/1987

3a. Date of Last Report

06/05/1995

4. FEI Number

59-2815065

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

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

SIGNATURE

Signature of person appointed as agent for service of process

Signature of person appointed as registered agent

Date

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	PEARSON, NANCY	
STREET ADDRESS	2271 OLD KINGS RD.	
CITY-STATE-ZIP	DAYTONA BCH FL	
TITLE	VP	☐ DELETE
NAME	PEARSON, MARK	
STREET ADDRESS	1162 VIKING DR.	
CITY-STATE-ZIP	PORT ORANGE FL	
TITLE	S	☐ DELETE
NAME	PEARSON, JEFF	
STREET ADDRESS	215 S. LANVALE AVE.	
CITY-STATE-ZIP	DAYTONA BCH FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-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-STATE-ZIP	☐ Change ☐ Addition
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	☐ Change ☐ Addition
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	☐ Change ☐ Addition
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	☐ Change ☐ Addition
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	☐ Change ☐ Addition
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied in this filing is voluntary, furnished and does not qualify for the exemption stated in Section 119.07(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 asterisk.

SIGNATURE:

Nancy S. Pearson Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-26-96 904-767-7000

Excluded From Filing

CR2E034 (12/95)