


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

FILED

Jan 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # J89603 (1) 1. Corporation Name PEARCE AND PEARCE P.A.					
Principal Place of Business 6511 YELLOWHAMMER AVENUE BOX 3 TAMPA FL 33625 US			Mailing Address 6511 YELLOW HAMMER AVENUE BOX 3 TAMPA FL 33625-1549 US		
2. Principal Place of Business 21 6511 Yellowhammer Ave Suite, Apt. #, etc. 22 City & State 23 Tampa, FL Zip 24 33625-1549 Country 25 US		2a. Mailing Address 26 SAME AS L Suite, Apt. #, etc. 27 City & State 28 SAME AS L Zip 29 33625-1549 Country 30 US		3. Date Incorporated or Qualified 08/27/1987 3a. Date of Last Report 01/30/1996 4. FEI Number 59-2843466 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent PEARCE, CARLOTTA K. 6511 YELLOWHAMMER AVENUE BOX 3 TAMPA FL 33625				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL	
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, if titled as applicable) (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PEARCE, CARLOTTA K.		1.2 NAME		
STREET ADDRESS	6511 YELLOWHAMMER AVENUE		1.3 STREET ADDRESS		
CITY - ST - ZIP	TAMPA FL		1.4 CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PEARCE, RICHARD F.		2.2 NAME		
STREET ADDRESS	6511 YELLOWHAMMER AVENUE		2.3 STREET ADDRESS		
CITY - ST - ZIP	TAMPA FL		2.4 CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROCKER, CHARLES L., JR.		3.2 NAME		
STREET ADDRESS	3014 HORATIO STREET		3.3 STREET ADDRESS		
CITY - ST - ZIP	TAMPA FL		3.4 CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - ZIP			4.4 CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP			5.4 CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			6.2 NAME		
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 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: <u>CarloTTa K. Pearce</u> CARLOTTA K. PEARCE 1-9-97 813-920-8764 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

CR2E034 (9/96)