

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L01272 (8)

1. Corporation Name

CALMES & PEIRCE, INC.



Principal Place of Business

Mailing Address

% C. KENNON HENDRIX, ESQ.
2043 14TH AVE.
VERO BEACH FL 32960-3441

% C. KENNON HENDRIX, ESQ.
2043 14TH AVE.
VERO BEACH FL 32960-3441

3. Date Incorporated or Qualified

07/10/1989

3a. Date of Last Report

02/17/1995

4. FEI Number

65-0132731

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 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

HENDRIX, C. KENNON, ESQ.
2043 14TH AVE.
VERO BEACH FL

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

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 of the corporation's authorized officer or director for this purpose

Signature of Registered Agent (signature required when first filing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	CALMES, JOHN W.	
STREET ADDRESS	915 OLD DIXIE HWY SW	
CITY-STATE-ZIP	VERO BEACH FL	
TITLE	D	☐ DELETE
NAME	PEIRCE, MARK D.	
STREET ADDRESS	915 OLD DIXIE HWY SW	
CITY-STATE-ZIP	VERO BEACH FL	
TITLE	D	☐ DELETE
NAME	PEIRCE, DALE E.	
STREET ADDRESS	915 OLD DIXIE HWY SW	
CITY-STATE-ZIP	VERO BEACH FL	
TITLE	D	☐ DELETE
NAME	PEIRCE, GARY S.	
STREET ADDRESS	915 OLD DIXIE HWY SW	
CITY-STATE-ZIP	VERO BEACH FL	
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	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily 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 address.

SIGNATURE: *John W. Calmes*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)