

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 AM 8:34

DOCUMENT # M62172 (5)

1. Corporation Name

THE OLD PIER COMPANY

Principal Place of Business

Mailing Address

507 SPRING AVE.
PO BOX 2046
ANNA MARIA FL 34216

507 SPRING AVE.
PO BOX 2046
ANNA MARIA FL 34216

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/06/1987

3a. Date of Last Report

12/29/1994

4. FEI Number

65-0019700

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HARRICK, MICHAEL M.
1205 MANATEE AVE. W.
BRADENTON FL 34205

81. Name

STALINSKI, ERNST OTTO

82. Street Address

507 SPRING AVE., PO BOX 2046

83.

ANNA MARIA, FL 34216

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

E. O. Stalinski, President

5-22-95

Signature typed or printed name of registered agent and life if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

P

NAME

STALINSKI, ERNST OTTO

STREET ADDRESS

507 SPRING AVE., PO BOX 2046

CITY - ST - ZIP

ANNA MARIA FL 34216

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

TITLE

V

NAME

FEHRS, JOHANNES

STREET ADDRESS

507 SPRING AVE., PO BOX 2046

CITY - ST - ZIP

ANNA MARIA FL 34216

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

TITLE

ST

NAME

SMART, DERALD

STREET ADDRESS

14298 SW 41ST ST.

CITY - ST - ZIP

MIRAMAR FL 33027

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 110.07(3)(d), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

E. O. Stalinski, President

4-18-95

Date

813-778-7468

(Typed Name)