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

APPROVED AND FILED

'95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M64857 (9)

1. Corporation Name
PIERSOL'S LOCK SERVICE, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
12350 SW 132 CT #109 MIAMI FL 33186	12350 SW 132 CT #109 MIAMI FL 33186

3. Date Incorporated or Qualified: 01/12/1988
3a. Date of Last Report: 07/06/1994

2. Principal Place of Business 21:
Suite, Apt. #, etc. 22:
City & State 23:
Zip 24: County 25:

2a. Mailing Address 26:
Suite, Apt. #, etc. 27:
City & State 28:
Zip 29: County 30:

4. FEI Number: 65-0144204 ☐ 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 filed IRS intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

PIERSOL, JOSEPH S.
12350 SW 132 CT #109
MIAMI FL 33186

10. Name and Address of New Registered Agent

81 Name: Lisa Piersol
82 Street Address (P.O. Box Number is Not Acceptable): 9998 SW 154 ST
83:
84 City: MIAMI FL 85 Zip Code: 33157

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: Lisa Piersol President 5-8-95
(Signature required for printed name of registered agent and title of officer) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☒ Change ☐ Addition
NAME	PIERSOL, JOSEPH S.	12 NAME	Piersol, Lisa	
STREET ADDRESS	9998 S.W. 154 ST.	13 STREET ADDRESS	9998 SW 154 St.	
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	Miami FL	
TITLE	VST	21 TITLE	VST	☒ Change ☐ Addition
NAME	PIERSOL, JOSEPH S.	22 NAME	Piersol, Lisa	
STREET ADDRESS	9998 S.W. 154 ST.	23 STREET ADDRESS	9998 SW 154 St.	
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	Miami FL	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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 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: Lisa Piersol President 4-25-95 256-0669
SIGNATURE AND TYPED OR PRINTED NAME OF DIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Lisa Piersol

0003781 CP