

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

INCORPORATION  
ANNUAL REPORT  
1995



DEPARTMENT OF STATE  
Office of Corporations  
Tallahassee, Florida

**APPROVED  
AND  
FILED**

**DOCUMENT # P93000077828 (0)**

95 MAY 10 AM 10:35

**PIERMASTER INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Office Location <b>410 GULF OF MEXICO DR LONGBOAT KEY FL 34228</b>	Multiple Offices <b>410 GULF OF MEXICO DR LONGBOAT KEY FL 34228</b>
---	--

2. Principal Office (City, State, Zip) <b>21</b>	2a. Mailing Address (City, State, Zip) <b>26</b>	3. Date of Incorporation (MM/DD/YYYY) <b>11/10/1993</b>	3a. Date of Last Report (MM/DD/YYYY) <b>05/01/1994</b>
22. State App # (City, State, Zip)	27. State App # (City, State, Zip)	4. FEI Number <b>65-0430891</b>	Approved For Not Applicable
23. City, State, Zip	28. City, State, Zip	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
24. City, State, Zip	29. City, State, Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
25. City, State, Zip	30. City, State, Zip	8. This corporation has liability for intangible tax under S. 199 (32), Florida Statutes. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**RIPPEL, DONALD K  
2002 HARBOURSIDE DR. #1601  
LONGBOAT KEY FL 34228**

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 607.05(2) and 607.15(6), 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 607.05(2), Florida Statutes.

Signature of Registered Agent: \_\_\_\_\_ Date: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 1995	
12.1 NAME <b>D RIPPEL, DONALD K 2002 HARBOURSIDE DR. #1601 LONGBOAT KEY FL 34228</b>	12.2 CITY, STATE, ZIP <b>FL 34228</b>	13.1 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	13.2 CITY, STATE, ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.3 NAME <b>D RIPPEL, JEAN A 2002 HARBOURSIDE DR. #1601 LONGBOAT KEY FL 34228</b>	12.4 CITY, STATE, ZIP <b>FL 34228</b>	13.3 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	13.4 CITY, STATE, ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.5 NAME	12.6 CITY, STATE, ZIP	13.5 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	13.6 CITY, STATE, ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.7 NAME	12.8 CITY, STATE, ZIP	13.7 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	13.8 CITY, STATE, ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.9 NAME	12.10 CITY, STATE, ZIP	13.9 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	13.10 CITY, STATE, ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.11 NAME	12.12 CITY, STATE, ZIP	13.11 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	13.12 CITY, STATE, ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information requested with this filing is voluntarily furnished and does not apply for the exemption stated in Section 607.01(1)(b), Florida Statutes. I further certify that the information included 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. This report is filed on behalf of the corporation. The person or persons empowered to make this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 1 of the Florida Report or on the Form with an address.

SIGNATURE: *Donald K. RippeL* **DONALD K RIPPEL** 5/5/95 03-303-7701  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR