

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 24 PM 1:09

DOCUMENT # P93000086643 (2)

1. Corporation Name

PIERSON FERN & GREENS, INC.

Principal Place of Business

157 FOUNTAIN DR.
PIERSON FL 32180

Mailing Address

P O BOX 1065
PIERSON FL 32180
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 12/30/1993 3a. Date of Last Report 05/01/1994

4. FEI Number 59-3219980 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

21 Suite, Apt. #, etc.

22 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

ODOM, LISA S
214 N. CLAY ST.
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name Phyliss Wys
82 Street Address P.O. Box Number is Not Acceptable
56407 Acorn Road
83 Astor
84 City FL 85 Zip Code 32102

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

Phyliss Wys

3-20-95

(Signature, typed printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	WYS, LARRY G
STREET ADDRESS	56407 ACORN RD.
CITY-ST-ZIP	ASTOR FL 32102
TITLE	D
NAME	WYS, PHYLISS G
STREET ADDRESS	56407 ACORN RD.
CITY-ST-ZIP	ASTOR FL 32102
TITLE	D WYS
NAME	DEMARCO, KELLY B
STREET ADDRESS	56407 ACORN ROAD
CITY-ST-ZIP	ASTOR FL 32102
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-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-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 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)(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:

Phyliss Wys

3-20-95

904-744-0121

(Signature and typed printed name of registered agent or director)

Date

Telephone #