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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

P94000016167 (6) DOCUMENT # 1. Corporation Name PIERCE BUILT, INC. Principal Place of Business Mailing Address 7150 HIGHWAY 98 NORTH 7150 HIGHWAY 98 NORTH LAKELAND FL 33809 LAKELAND FL 33809 2. Principal Place of Business 2a. Mailing Address 26 Suite, Apt. #. etc. Suite, Apt. #, etc. 22 27

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City & State

Zip

Applied For 59-3222305 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No 10. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)

3. Date Incorporated or Qualified

03/01/1994

4. FEI Number

3a. Date of Last Report

05/01/1995

PIERCE, JOHN R 7150 HIGHWAY 98 NORTH LAKELAND FL 33809

Country

9. Name and Address of Current Registered Agent

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City & State

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Zip

	84		F1 85 Zip Code
<ol> <li>Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above or registered agent, or both, in the State of Florida Such change was authorized by the or familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.</li> </ol>	orpo	named corporation submits this statement oration's board of directors. I hereby acce	for the purpose of changing its registered office pt the appointment as registered agent. I am

Country

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83 84 City

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familiar wit	h, and accept the obligations of, Section 607,0505, Florida	Statutes.	e corporadon s boan	d or directors. Thereby acce	pt the appointment as registered	d ägent. I am
SIGNATURE	Signature, typed or printed manic of registered agent and title it acceptable					
12.	OFFICERS AND DIRECTORS	NOTE Registe	red Agent signature required		DATE	
TITLE	D Fig.		TIILE	ADDITIONS/CHANGE	S TO OFFICERS AND DIRECTO	
NAME	PIERCE, JOHN R		NAME		☐ Change	Addition
STREET ADDRESS	1217 KING AVE.					
CITY-ST-ZIP	LAKELAND FL 33803		STREET ADDRESS			
TITLE	DEI		CTTY-ST-ZIP			
NAME		_			Change	Addition
STREET ADDRESS			NAME			
CITY-ST-ZIP			STREET ADDRESS			
TITLE	F ] DEL	F 1 -	CITY-ST-ZIP			
NAME	<u></u> <i>DEL</i>		ITITLE		☐ Change	Addition
STREET ADDRESS			NAME			
CHTY-ST-ZIP		3 3.	STREET ADDRESS			
TITLE	E) on	P. P. C	CITY-ST-ZIP			
NAME	DET	4.1	TITLE		☐ Change	Addition
		. 4.2	NAME			
STREET ADDRESS		4.3	STREET ADDRESS			
CITY-ST-ZIP TITLE			CITY - ST - ZIP			
- 1	☐ DEL	F1E 5 1	TITLE		Change	Addition
NAME		5.2	NAME			
STREET ADDRESS		5.3	STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE	☐ DELE	ETE 67	TITLE		Change	Addition
NAME		6.21	NAME		change	L.J radioon
STREET ADDRESS		6.3 3	STREET ADDRESS			
CITY-ST-ZIP			OUT V CT TUD			

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)(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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Oh SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

941-853-4375