

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000046152 (2)

1. Corporation Name
LAKE PIERCE DEVELOPMENT CORP.



Principal Place of Business

~~XXXXXXXXXX~~
~~XXXXXXXXXX~~
~~XXXXXXXXXX~~

Mailing Address

~~XXXXXXXXXX~~
~~XXXXXXXXXX~~
~~XXXXXXXXXX~~

2. Principal Place of Business

2a. Mailing Address

21 6039 CYPRESS GARDENS BLVD.

26 6039 CYPRESS GARDENS BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 #176

27 #176

City & State

City & State

23 WINTER HAVEN, FL

28 WINTER HAVEN, FL

Zip

Country

Zip

Country

24 33884

25

29 33884

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/15/1994

3a. Date of Last Report

08/14/1995

4. FEI Number

-59-3323407 59-3276769

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

10. Name and Address of New Registered Agent

~~XXXXXXXXXX~~
~~XXXXXXXXXX~~
~~XXXXXXXXXX~~

81 Name

JACOB C. DYKXHOORN

82

Street Address (P.O. Box Number is Not Acceptable)

130 EAST CENTRAL AVENUE

83

84

City

LAKE WALES

FL

85

Zip Code

33853

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

Jacob C. Dykxhoorn

JACOB C. DYKXHOORN, REGISTERED AGENT

3/14/96

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

~~PSTD~~
~~KENTON W. KENT~~
~~6039 CYPRESS GARDENS BLVD.~~
~~WINTER HAVEN, FL 33884~~

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

PSTD

1.3 STREET ADDRESS

6039 CYPRESS GARDENS BLVD., #176

1.4 CITY - ST - ZIP

WINTER HAVEN, FL 33884

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

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 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 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

Patricia Kent

PATRICIA KENT

3/14/96

941-324-7635

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Corporate Phone #

CR2E034 (12/95)