## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

## DOCUMENT # P94000087977 (2)

NEW PIPER'S, INC.

	4.0	14 11 11 11				
Principal Place of Business Mailing Address  2081 E OCEAN BLVD P O BOX 2451						
2081 E OCEAN BLVD SUITE 2A STUART FL 34996 2. Puncipal Place of Business		P O BOX 2451 Suite 2A Stuart FL 34995-2451 US				
				3. Date Incorporated or Qualified 12/05/1994	3a. Date of I	
		28. Mailing Address		4. FEI Number	1 0 1/10/11	Applied For
	Gilson Road	26 13400 G11	son Road	65-0541450		Not Applicable
Suite, Apt #		Suite, Apt. #, etc.		5. Certificate of Status Desired		.75 Additional
22 PO Box	2451	27 PO Box 24	51	G. Columbia of States 200 fee		ee Required
City & State		City & State		6. Election Campaign Financing		5.00 May Be
3 Stuart			FI. Country	Trust Fund Contribution		dded to Fees
Zip - akone	Country	Zip	30 U.S.	8. This corporation has liability for i	intangible tax ur ∃Yes ☐ No	nder s. 199.032,
34995	9. Name and Address of Curre	29 24995 nt Registered Agent	[30] 0.5.	10. Name and Address of New Re		
SCHL	JLER, JACK C		81 Name			
	3 WAX MYRTLE TRAIL		82 Street	SCHULER, JACK C Address (P.O. Box Number is Not Acceptable	nle)	
SUITI			1 1	13400 G11son Road		
	1 CITY FL 34990		83	TOTAL STATE AND A STATE OF THE		
			84 City		B5	Zip Code
				Palm City	FL	34990
11. Pursuant to	o the provisions of Sections 607.050	02 and 607.1508, Florida Sta	atutes, the above-named	d corporation submits this statement for the proporation's board of directors. I hereby acceptions	ourpose of chan	ging its registered
en loeore	egistered agent, or botti, iii the State n tamiliar with, and accout the oblic	e oi riorda, Such Change w	as autilitized by the col	porations poard of directors, thereby accep	prins appointing	ont da registorea
City Committee	THE TAREST CASE TO BE SEEN	gations of, decilon contesso,	, Fibrica Statutes.			
SIGNATURE						
SIGNATURE.	Signature, typed or pented name of registered <b>a</b> g	aldabile if applicable (	NOTE: Registered Agent signatur	e required when reinstating)	DATE.	
SIGNATURE.	Supercise, typed or prefest name of registered ag OFFICERS AN	onliand the if applicable (	NOTE Ragistered Agent signatur	e required when re-installing)  ADDITIONS/CHANGES TO OFFICE	DATE CERS AND DIRE	CTORS IN 12
SIGNATURE. 11.	Significe, typed or profest name of registered ag OFFICERS AN	aldabile if applicable (	NOTE: Registered Agent signatur 13. 1.1 TITLE	e required when reinstating)  ADDITIONS/CHANGES TO OFFICE  PT	DATE.	CTORS IN 12
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SIGNATURE.  12. TILE NAME STREET ADDRESS	Signature, typed or partied name of registered ag OFFICERS AN PT DODGE, JOHN B 13403 WAX MYRTLE TRAIL	onliand the if applicable (	NOTE Registered Agent signatur  13. 11 TITLE 12 NAME 13 STREET ADDRESS	PT DODGE, JOHN B 13400 G11son Road	DATE CERS AND DIRE	CTORS IN 12
SIGNATURE.  12. 1 ILE NAME STREET ADDRESS CITY-ST-7-P	Signature, typed or panted name of registered ag OFFICERS AN PT DODGE, JOHN B	onliand the if applicable (	NOTE: Registered Agent signatur  13. 11 TITLE 12 NAME	e required when re-natating)  ADDITIONS/CHANGES TO OFFICE  PT  DODGE, JOHN B  13400 Gilson Road  Palm City, FL	DATE CERS AND DIRE	CTORS IN 12
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SIGNATURE:

KONATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

LOUISTACK C Schulen 4/15-197

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FILED

Apr 24 1997 8:00am

Secretary of State

fime Phone #

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