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FILED

Apr 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000087977 (2)

1. Corporation Name
NEW PIPER'S, INC.

Principal Place of Business

2081 E OCEAN BLVD
SUITE 2A
STUART FL 34996

Mailing Address

P O BOX 2451
SUITE 2A
STUART FL 34995-2451
US

3. Date Incorporated or Qualified
12/05/1994

3a. Date of Last Report
04/23/1996

4. FEI Number
65-0541450

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 13400 Gilson Road

Suite, Apt. #, etc.

22 PO Box 2451

City & State

23 Stuart FL

Zip

24 34995

Country

25 U.S.

2a. Mailing Address

25 13400 Gilson Road

Suite, Apt. #, etc.

27 PO Box 2451

City & State

28 Stuart FL

Zip

29 34995

Country

30 U.S.

9. Name and Address of Current Registered Agent

SCHULER, JACK C
13403 WAX MYRTLE TRAIL
SUITE 2A
PALM CITY FL 34990

10. Name and Address of New Registered Agent

81 Name

SCHULER, JACK C

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

13400 Gilson Road

83

84 City

Palm City

FL

85 Zip Code

34990

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
PT	DODGE, JOHN B	13403 WAX MYRTLE TRAIL	PALM CITY FL	<input checked="" type="checkbox"/>
VP	BOESE, LESTER W	13403 WAY MYRTLE TRAIL	PALM CITY FL	<input checked="" type="checkbox"/>
S	SCHULER, JACK C	13403 WAX MYRTLE TRAIL	PALM CITY FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Change	Addition
PT	DODGE, JOHN B	13400 Gilson Road	Palm City, FL 34990	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VP	BOESE, LESTER W.	13400 Gilson Road	Palm City, FL 34990	<input checked="" type="checkbox"/>	<input type="checkbox"/>
S	SCHULER, JACK C.	13400 Gilson Road	Palm City, FL 34990	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/15/97 287-1991

CR2E034 (9/96)