

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Murphree
Secretary of State
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

DOCUMENT # **P94000088834 (4)**

95 MAY 11 AM 8:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PIERCE INVESTMENT CORP.

Principal Office Location: 1349 HARBOR DR SARASOTA FL 34239
Mailing Address: 1349 HARBOR DR SARASOTA FL 34239

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	State, Apt # etc	26	State, Apt # etc	12/05/1994	N/A
22	City & State	27	City & State	4. FEI Number	Applied For / Not Applicable
23	Zip	28	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
24	25	29	30	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
				8. This corporation has liability for intangible tax under § 199(3)(2), Florida Statutes	
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MCGINNESS, W LEE 720 S ORANGE AVE SARASOTA FL 34236				81 Name	David S. Pierce		
				82 Street Address (P.O. Box Number is Not Acceptable)	1349 Harbor Drive		
				83			
				84 City	FL	85 Zip Code	34239

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 607.1505, Florida Statutes.

SIGNATURE: *[Signature]* (Signature of Registered Agent or Secretary)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11:	
TITLE	President, Secretary, Treasurer	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	David S. Pierce	12 NAME	
STREET ADDRESS	1349 Harbor Dr.	13 STREET ADDRESS	
CITY & STATE	SARASOTA, FL 34239	14 CITY & STATE	
15 TITLE		21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
16 NAME		22 NAME	
17 STREET ADDRESS		23 STREET ADDRESS	
18 CITY & STATE		24 CITY & STATE	
19 TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
20 NAME		32 NAME	
21 STREET ADDRESS		33 STREET ADDRESS	
22 CITY & STATE		34 CITY & STATE	
23 TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
24 NAME		42 NAME	
25 STREET ADDRESS		43 STREET ADDRESS	
26 CITY & STATE		44 CITY & STATE	
27 TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
28 NAME		52 NAME	
29 STREET ADDRESS		53 STREET ADDRESS	
30 CITY & STATE		54 CITY & STATE	
31 TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		62 NAME	
33 STREET ADDRESS		63 STREET ADDRESS	
34 CITY & STATE		64 CITY & STATE	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and is true, that the information included on this annual report or supplemental annual report is true, that any available or director of the corporation or the receiver or trustee empowers appears as Block 12 or Block 13 or changed or on an attachment with an address that does not qualify for the exemption stated in Section 199(3)(2)(b), Florida Statutes. Further, I am not a director or officer of the corporation and that my signature shall have the same legal effect as if made under the authority of the corporation and that my name is not included on the report as required by Chapter 607, Florida Statutes, and that my name is not included on the report as required by Chapter 607, Florida Statutes.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR OFFICER

S/S/S (813) 362-9671