

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000073494 (3)

1. Corporation Name

PIR, INC.

Principal Place of Business

2202 - 12TH AVE
VERO BEACH FL 32961

Mailing Address

2202 - 12TH AVE.
VERO BEACH FL 32961



2. Principal Place of Business

21 5700 W. Midway Road
State, Apt. #, etc.

22 City & State

23 Ft. Peirce, Florida
Zip Country

24 34979-2969 25

2a. Mailing Address

26 5700 W. Midway Road
State, Apt. #, etc.

27 City & State

28 Ft. Peirce, Florida
Zip Country

29 34979-2969 30

3. Date Incorporated or Qualified

09/22/1995

3a. Date of Last Report

N/A

4. FEI Number

59-3341447

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

9. Name and Address of Current Registered Agent

CAPITAL CONNECTION, INC.
417 E. VIRGINIA STREET, SUITE 1
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 607.0503, Florida Statutes.

SIGNATURE

Signature of Registered Agent (if different from the above)

Signature of Registered Agent (if different from the above)

Date

12. OFFICERS AND DIRECTORS

1.1 TITLE

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY, ST, ZIP

1.5 TITLE

1.6 NAME
1.7 STREET ADDRESS
1.8 CITY, ST, ZIP

1.9 TITLE

1.10 NAME
1.11 STREET ADDRESS
1.12 CITY, ST, ZIP

1.13 TITLE

1.14 NAME
1.15 STREET ADDRESS
1.16 CITY, ST, ZIP

1.17 TITLE

1.18 NAME
1.19 STREET ADDRESS
1.20 CITY, ST, ZIP

1.21 TITLE

1.22 NAME
1.23 STREET ADDRESS
1.24 CITY, ST, ZIP

1.25 TITLE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

1.5 TITLE

1.6 NAME

1.7 STREET ADDRESS

1.8 CITY, ST, ZIP

1.9 TITLE

1.10 NAME

1.11 STREET ADDRESS

1.12 CITY, ST, ZIP

1.13 TITLE

1.14 NAME

1.15 STREET ADDRESS

1.16 CITY, ST, ZIP

1.17 TITLE

1.18 NAME

1.19 STREET ADDRESS

1.20 CITY, ST, ZIP

1.21 TITLE

1.22 NAME

1.23 STREET ADDRESS

1.24 CITY, ST, ZIP

1.25 TITLE

1.26 NAME

1.27 STREET ADDRESS

1.28 CITY, ST, ZIP

1.29 TITLE

1.30 NAME

1.31 STREET ADDRESS

1.32 CITY, ST, ZIP

1.33 TITLE

1.34 NAME

1.35 STREET ADDRESS

1.36 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/96 467 464-6575
Date Telephone #

CR2E034 (12/95)