

**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 # **P95000091550 (0)**

1. Corporation Name  
**KRIS PEARCE TRUCKING INC**



Principal Place of Business: 150 W COUNTY RD 546 LAKE HAMILTON FL 33851  
Mailing Address: 150 W COUNTY RD 546 LAKE HAMILTON FL 33851

3. Date Incorporated or Qualified: 11/29/1995  
3a. Date of Last Report

2. Principal Place of Business  
21. Suite, Apt. #, etc.  
22. City & State  
23. Zip  
24. Country  
2a. Mailing Address  
26. Suite, Apt. #, etc.  
27. City & State  
28. Zip  
29. Country  
30. Country

4. FEI Number: X 62-1622834  
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  
**PEARCE, KRISTOPHER  
150 COUNTY RD 546 W  
HAMILTON FL 33851**

10. Name and Address of New Registered Agent  
81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City  
85. Zip Code: FL

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: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D PEARCE, KRISTOPHER 2313 CREST DR HAINES CITY FL 33844	<input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEARCE, KRISTOPHER		1.2 NAME
STREET ADDRESS	2313 CREST DR		1.3 STREET ADDRESS
CITY - ST - ZIP	HAINES CITY FL 33844		1.4 CITY - ST - ZIP
TITLE	D PEARCE, LISA 2313 CREST DR HAINES CITY FL 33844	<input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEARCE, LISA		2.2 NAME
STREET ADDRESS	2313 CREST DR		2.3 STREET ADDRESS
CITY - ST - ZIP	HAINES CITY FL 33844		2.4 CITY - ST - ZIP
TITLE	D PEARCE, JOSHUA 2313 CREST DR HAINES CITY FL 33844	<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEARCE, JOSHUA		3.2 NAME
STREET ADDRESS	2313 CREST DR		3.3 STREET ADDRESS
CITY - ST - ZIP	HAINES CITY FL 33844		3.4 CITY - ST - ZIP
TITLE	D PEARCE, SAMUEL 2313 CREST DR HAINES CITY FL 33844	<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEARCE, SAMUEL		4.2 NAME
STREET ADDRESS	2313 CREST DR		4.3 STREET ADDRESS
CITY - ST - ZIP	HAINES CITY FL 33844		4.4 CITY - ST - ZIP
TITLE	D PEARCE, EMILY 2313 CREST DR HAINES CITY FL 33844	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEARCE, EMILY		5.2 NAME
STREET ADDRESS	2313 CREST DR		5.3 STREET ADDRESS
CITY - ST - ZIP	HAINES CITY FL 33844		5.4 CITY - ST - ZIP
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME
STREET ADDRESS			6.3 STREET ADDRESS
CITY - ST - ZIP			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: **X** \_\_\_\_\_ DATE: **4-23-96** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Dial: \_\_\_\_\_ Outline Phone #: **941-439-7691**

CR2E034 (12/95)