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FILED  
Jul 03 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 # P95000091550  
1. Corporation Name

KRIS PEARCE TRUCKING, INC.

Principal Place of Business

Mailing Address

150 W COUNTY RD 546  
LAKE HAMILTON, FL  
33851

PO BOX 1477  
HAINES CITY, FL  
33845

3. Date Incorporated or Qualified  
11/29/1995

3a. Date of Last Report  
6/20/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number

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

10. Name and Address of New Registered Agent

PEARCE, KRISTOPHER  
150 W COUNTY RD 546  
LAKE HAMILTON, FL 33851

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 607.0505, 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 D  
NAME KRISTOPHER PEARCE  
STREET ADDRESS 3180 KOKOMO RD  
CITY-ST-ZIP HAINES CITY, FL 33845 ☐ DELETE

TITLE D  
NAME LISA PEARCE  
STREET ADDRESS 3180 KOKOMO RD  
CITY-ST-ZIP HAINES CITY, FL 33845 ☐ DELETE

TITLE D  
NAME JOSHUA PEARCE  
STREET ADDRESS 3180 KOKOMO RD  
CITY-ST-ZIP HAINES CITY, FL 33845 ☐ DELETE

TITLE D  
NAME SAMUEL PEARCE  
STREET ADDRESS 3180 KOKOMO RD  
CITY-ST-ZIP HAINES CITY, FL 33845 ☐ DELETE

TITLE D  
NAME EMILY PEARCE  
STREET ADDRESS 3180 KOKOMO RD  
CITY-ST-ZIP HAINES CITY, FL 33845 ☐ DELETE

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P  
1.2 NAME KRISTOPHER PEARCE  
1.3 STREET ADDRESS 3180 KOKOMO RD  
1.4 CITY-ST-ZIP HAINES CITY, FL 33845 ☒ Change ☐ Addition

2.1 TITLE V/S/T  
2.2 NAME LISA PEARCE  
2.3 STREET ADDRESS 3180 KOKOMO RD  
2.4 CITY-ST-ZIP HAINES CITY, FL 33845 ☒ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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

6-30-97 941-439-7691

Date Daytime Phone #

CR2E034 (9/96)