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Apr 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 # P96000024252 (4)

1. Corporation Name

PIERSON FERN & GREENS, INC.



Principal Place of Business

Mailing Address

3587 BLACKBEARD'S WAY
YULEE FL 32097

3587 BLACKBEARD'S WAY
YULEE FL 32097-5003

3. Date Incorporated or Qualified

3a. Date of Last Report

03/12/1996

4. FEI Number

Applied For

59-3365424

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

21 157 FOUNTAIN DR.

Suite, Apt. #, etc.

22 City & State

23 PIERSON FL

Zip

24 32180

Country

25

2a. Mailing Address

26 P.O. Box 1065

Suite, Apt. #, etc.

27 City & State

28 PIERSON, FL

Zip

29 32180

Country

30

9. Name and Address of Current Registered Agent

HOLBROOK, H L
1 INDEPENDENT DR SUITE 2301
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name

KEVIN J. ROBERTS

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

3587 BLACKBEARD'S WAY

84 City

YULEE

FL

85 Zip Code

32097

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-27-97

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME ROBERTS, KEVIN
STREET ADDRESS 3587 BLACKBEARD'S WAY
CITY-ST-ZIP YULEE FL 32097

TITLE ☐ DELETE

NAME ROBERTS, ANN ANH
STREET ADDRESS 3587 BLACKBEARD'S WAY
CITY-ST-ZIP YULEE FL 32097

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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

KEVIN J. ROBERTS

3-27-97

9047490121

Date

Daytime Phone #

CR2E034 (9/96)