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Feb 15, 1999 8:00am  
Secretary of State

02-15-1999 90024 002 \*\*\*\*150.00



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION  
ANNUAL REPORT  
1999

FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000081077

1. Corporation Name

PEARSON AUTO SALES, INC.

Principal Place of Business

5248 SEMINOLE COURT  
CAPE CORAL FL 33904

Mailing Address

5248 SEMINOLE COURT  
CAPE CORAL FL 33904

2. Principal Place of Business

21 5248 Seminole Ct

Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

City & State

23 Cape Coral FL

Zip

Country

24 33904

25 Lee

City & State

Zip

Country

29

30

9. Name and Address of Current Registered Agent

PEARSON, RICHARD G  
5248 SEMINOLE COURT  
CAPE CORAL FL 33904

3. Date Incorporated or Qualified

09/27/1996

4. FEI Number

72-2052019

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 owes the current year Intangible  
Personal Property Tax.

☐

Yes

No

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 of 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

1-10-99

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME PEARSON, RICHARD G  
STREET ADDRESS 5248 SEMINOLE COURT  
CITY-ST-ZIP CAPE CORAL FL 33904

TITLE VD ☐ DELETE

NAME PEARSON, TINA M  
STREET ADDRESS 5248 SEMINOLE COURT  
CITY-ST-ZIP CAPE CORAL FL 33904

TITLE PSD ☐ DELETE

NAME PEARSON, NICOLE M  
STREET ADDRESS 5248 SEMINOLE COURT  
CITY-ST-ZIP CAPE CORAL FL 33904

TITLE TD ☐ DELETE

NAME PEARSON, SUZANNE M  
STREET ADDRESS 5248 SEMINOLE COURT  
CITY-ST-ZIP CAPE CORAL FL 33904

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-10-1999 941-945-3595

CR2E034 (11/98)