

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1999
AMOUNT DUE ON OR BEFORE 09/30/98: \$250 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750)

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P96000084075 (6)

1. Corporation Name
WILLIAM J. PIERSON, P.A.

Principal Place of Business
10604 NORTHWEST 10TH STREET
PENSACOLA FL 32506

Mailing Address
10604 NORTHWEST 10TH STREET
PENSACOLA FL 32506

99 JUN -7 AM 11:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

3. Suite, Apt. #, etc.

3a. Suite, Apt. #, etc.

4. City & State

4a. City & State

5. Zip

5a. Country

5b. Zip

5c. Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PIERSON, WILLIAM J
10604 NORTHWEST 10TH STREET
PENSACOLA FL 32506

8. Name

9. Street Address (P.O. Box Number)

10. City

11. Zip Code

12. 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 reissuing)

DATE

13. OFFICERS AND DIRECTORS

14. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

15. TITLE

16. NAME

17. STREET ADDRESS

18. CITY-STATE-ZIP

19. TITLE

20. NAME

21. STREET ADDRESS

22. CITY-STATE-ZIP

23. TITLE

24. NAME

25. STREET ADDRESS

26. CITY-STATE-ZIP

27. TITLE

28. NAME

29. STREET ADDRESS

30. CITY-STATE-ZIP

31. TITLE

32. NAME

33. STREET ADDRESS

34. CITY-STATE-ZIP

35. TITLE

36. NAME

37. STREET ADDRESS

38. CITY-STATE-ZIP

39. TITLE

40. NAME

41. STREET ADDRESS

42. CITY-STATE-ZIP

43. TITLE

44. NAME

45. STREET ADDRESS

46. CITY-STATE-ZIP

47. TITLE

48. NAME

49. STREET ADDRESS

50. CITY-STATE-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 118.07(3)(f), 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 *William J. Pierson*

6/8/99

954 437 5731

CR2004 (5/98)



June 8, 1999

To whom it may concern:

I am sure my excuses are getting old but for the second year in a row I did not receive my annual report. I called your office and they instructed me to request a fax of last years off your web site. I did that and it is attached with a \$150 fee. Waiving the late fee would be greatly appreciated. Thank you.

Sincerely,
William J. Pierson, P.a.

A handwritten signature in cursive script, appearing to read 'Will J. Pierson'.