

102

FILED

01 FEB 22 PH 3:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION  
ANNUAL REPORT  
1999-2000  
FLORIDA DEPARTMENT OF STATE  
Theodore Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P99000009694

1. Corporation Name

PIERCE COMMUNICATIONS, INC.

Principal Place of Business

Mailing Address

4513 CHARLES BENNETT DR.  
JACKSONVILLE, FL 32225

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

1/20/99

4. FEI Number

59-3563412

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required6. Election Campaign Financing ☐\$5.00 May Be  
Added to Fees8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JON F. PIERCE

4513 CHARLES BENNETT DR.  
JACKSONVILLE, FL 32225

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P/O/ST	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JON F. PIERCE		1.2 NAME	
STREET ADDRESS	4513 CHARLES BENNETT DR.		1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32225		1.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	2.1 TITLE	500003768675 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			2.2 NAME	-02/26/01--01146--021
STREET ADDRESS			2.3 STREET ADDRESS	****300.00 ****300.00
CITY-ST-ZIP			2.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME	LS
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			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 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 #

2082



Income Tax Services  
Financial & Insurance Services  
Accounting & Bookkeeping Services

JAMES K. REESE, EA  
RICHARD L. ROSS, EA

1201 North Third Street • Jacksonville Beach, Florida 32250 • (904) 241-0050 • Fax (904) 241-0752

January 14, 2001

Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

Re: Pierce Communications, Inc. – 2000 Uniform Business Report

Dear Sir or Madam:

Please find the enclosed 2000 Uniform Business Report for the above referenced Taxpayer. This entity never received any of your mailings concerning this issue. We are requesting your acceptance of the enclosed Check for \$150.00 and the completed 2000 Uniform Business Report. Your prompt processing and acknowledgement is appreciated in advance.

If you have any questions, please do not hesitate to contact me.

Sincerely,

A handwritten signature in black ink, appearing to be "J. Reese".

James K. Reese, EA

Enclosures:  
Check for \$150.00  
2000 Uniform Business Report