FILE NOW: FILING FEE AFTER MAY 1 IS $223.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # S73962 (0)

1. Corporation Name

PIERCE GROUP, INC.

Principal Place of Business	Mailing Address
~~794 FOX RIDGE CENTER DR #104~~ ~~ORANGE PARK FL 32065~~ ~~US~~	P.O. BOX 167 ORANGE PARK FL 32067-0167 US

2. Principal Place of Business: 21 3540 US HWY 17	2a. Mailing Address: 26
Suite, Apt. #, etc.: 22 Unit #10	Suite, Apt. #, etc.: 27
City & State: 23 GREEN COVE SPGS, FL	City & State: 28
Zip: 24 32043 — Country: 25 CLAY	Zip: 29 — Country: 30

3. Date Incorporated or Qualified: 08/19/1991
3a. Date of Last Report: 02/14/1995
4. FEI Number: 59-3076810 ☐ 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

DOSS, CALVIN P.
8026 COPPERFIELD CR. S
JACKSONVILLE FL 32244

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, 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 ☐ DELETE	1.1 TITLE	PRESIDENT ☒ Change ☐ Addition
NAME	DOSS, CALVIN P.	1.2 NAME	CALVIN P. DOSS
STREET ADDRESS	~~794 FOXRIDGE CTR DR #104~~ N/A	1.3 STREET ADDRESS	Mailing P.O. BOX 167
CITY-ST-ZIP	~~ORANGE PARK FL~~	1.4 CITY-ST-ZIP	ORANGE PARK, FL 32067-0167
TITLE	VPST ☐ DELETE	2.1 TITLE	VICE PRES / SECRETARY-TRES ☒ Change ☐ Addition
NAME	DOSS, MARILYN B.	2.2 NAME	MARILYN B. DOSS
STREET ADDRESS	~~794 FOXRIDGE CTR DR #104~~ N/A	2.3 STREET ADDRESS	Mailing P.O. BOX 1399
CITY-ST-ZIP	~~ORANGE PARK FL~~	2.4 CITY-ST-ZIP	ORANGE PARK, FL 32067-1399
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	400001832444
STREET ADDRESS		4.3 STREET ADDRESS	-05/21/96--01104--004
CITY-ST-ZIP		4.4 CITY-ST-ZIP	***208.75
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	4.19
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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] — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-96 — Date
(904) 284-7277 — Daytime Phone #

CR2E034 (12/95)