

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S75533** (7)

1. Corporation Name
RICHARD L. PEARSE, JR., P.A.



Principal Place of Business

814 CHESTNUT ST
CLEARWATER FL 34616
US

Mailing Address

814 CHESTNUT ST
CLEARWATER FL 34616
US

2. Principal Place of Business

21 Subt., Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

2a. Mailing Address

26 Subt., Apt. #, etc.

27 City & State

28 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

PEARSE, RICHARD L. J
814 CHESTNUT ST
CLEARWATER FL 34616

| | |
|---|--|
| 3. Date Incorporated or Qualified 08/23/1991 | 3a. Date of Last Report 01/18/1995 |
| 4. FEI Number 59-3081076 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 607.1503, 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 principal officer, director, officer-in-charge, or registered agent

Signature of Registered Agent (required only when changing)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|----------------|---|---|
| TITLE | NAME | 11 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | STREET ADDRESS | 12 NAME | |
| CITY, ST, ZIP | CITY, ST, ZIP | 13 STREET ADDRESS | |
| TITLE | TITLE | 14 CITY, ST, ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | NAME | 21 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | STREET ADDRESS | 22 NAME | |
| CITY, ST, ZIP | CITY, ST, ZIP | 23 STREET ADDRESS | |
| TITLE | TITLE | 24 CITY, ST, ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | NAME | 31 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | STREET ADDRESS | 32 NAME | |
| CITY, ST, ZIP | CITY, ST, ZIP | 33 STREET ADDRESS | |
| TITLE | TITLE | 34 CITY, ST, ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | NAME | 41 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | STREET ADDRESS | 42 NAME | |
| CITY, ST, ZIP | CITY, ST, ZIP | 43 STREET ADDRESS | |
| TITLE | TITLE | 44 CITY, ST, ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | NAME | 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | STREET ADDRESS | 52 NAME | |
| CITY, ST, ZIP | CITY, ST, ZIP | 53 STREET ADDRESS | |
| TITLE | TITLE | 54 CITY, ST, ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | NAME | 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | STREET ADDRESS | 62 NAME | |
| CITY, ST, ZIP | CITY, ST, ZIP | 63 STREET ADDRESS | |
| TITLE | TITLE | 64 CITY, ST, ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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)(k), 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: *Richard L. Pearse, Jr.* RICHARD L. PEARSE, JR. 2/1/96 813-462-9009
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)