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Apr 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # V17207

(4)

1. Corporation Name

DAVID S. PIERCEFIELD, P.A.

Principal Place of Business

2431 ALOMA AVENUE
221
WINTER PARK FL 32782
USA

Mailing Address

2431 ALOMA AVENUE
221
WINTER PARK FL 32782-3630
US A

Moved

2. Principal Place of Business

21 230 LOOKOUT PLACE

Suite, Apt. #, etc.

22 200

City & State

23 MAITLAND FL

Zip

24 32751

Country

25 Orange

2a. Mailing Address

26 230 LOOKOUT PL

Suite, Apt. #, etc.

27 200

City & State

28 MAITLAND FL

Zip

29 32751

Country

30 Orange

9. Name and Address of Current Registered Agent

PIERCEFIELD, DAVID S.
2431 ALOMA AVENUE
WINTER PARK FL 32782

230 LOOKOUT PL
STE 200
MAITLAND FL
32751

3. Date Incorporated or Qualified

02/24/1992

3a. Date of Last Report

08/02/1996

4. FEI Number

59-3108901

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

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

TITLE DPST
NAME PIERCEFIELD, DAVID S.
STREET ADDRESS 2431 ALOMA AVENUE, SUITE 221
CITY-ST-ZIP WINTER PARK FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME SAME

1.3 STREET ADDRESS 230 LOOKOUT PL, S-200

1.4 CITY-ST-ZIP MAITLAND FL 32751

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 do 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, unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DPST

4-9-97

Date

407-629-8118

Daytime Phone #

CR2E034 (9/96)