

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR -6 AM 9:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M88862 (1)
1. Corporation Name
PERFORMANCE ENHANCEMENT ENTERPRISES, INC.

Principal Place of Business

Mailing Address

% TERRY MAUL
1555 DELANEY #1116
TALLAHASSEE FL 32308

% TERRY MAUL
1555 DELANEY #1116
TALLAHASSEE FL 32308

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
07/08/1988

3a. Date of Last Report
02/03/1994

4. FEI Number
59-2933849

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

2. Principal Place of Business

2a. Mailing Address

21. TERRY MAUL

26. TERRY MAUL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22. 2335 MERRIGAN PLACE

27. 2335 MERRIGAN PLACE

City & State

City & State

23. TALLAHASSEE, FL

28. TALLAHASSEE, FL

Zip

Country

Zip

Country

24. 32308

25. USA

29. 32308

30. USA

9. Name and Address of Current Registered Agent

MAUL, TERRY
1555 DELANEY #1116
TALLAHASSEE FL 32308

10. Name and Address of New Registered Agent

81. Name

TERRY MAUL

82. Street Address (P.O. Box Number is Not Acceptable)

2335 MERRIGAN PLACE

83.

84. City

TALLAHASSEE

FL

85. Zip Code

32308

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 agent 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: Terry F. Maul, President

3/2/95

12. OFFICERS AND DIRECTORS

101	D
NAME	MAUL, TERRY
STREET ADDRESS	1555 DELANEY #1116
CITY, ST, ZIP	TALLAHASSEE FL
102	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
103	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
104	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
105	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
106	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☒ Change ☐ Addition
12 NAME	D TERRY, MAUL
13 STREET ADDRESS	2335 MERRIGAN PLACE
14 CITY, ST, ZIP	TALLAHASSEE, FL, 32308
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Sections 119.021 (b)(1) Florida Statutes. I further certify that the information is correct and true and is not false or misleading and that my signature shall have the same legal effect and make me liable for the same as if I had signed the same. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report.

SIGNATURE: Terry F. Maul
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/95 (904) 668-9897