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FILED
May 20 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # F97000006916 (7)

1. Corporation Name

HIGH PERFORMANCE SERVICES OF FLORIDA, INC.

Principal Place of Business

8000 ARLINGTON EXPRESSWAY, SUITE 320
JACKSONVILLE FL 32211

Mailing Address

8000 ARLINGTON EXPRESSWAY, SUITE 320
JACKSONVILLE FL 32211

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/30/1997

4. FEI Number

59-3473475

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

NATIONAL CORPORATE RESEARCH, LTD., INC.
1408 HAYES STREET, SUITE #2
TALLAHASSEE FL 32301

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 fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PC ☐ DELETE

NAME HEWITT, WILLIAM B
STREET ADDRESS 211 KING STREET, SUITE 100
CITY-ST-ZIP CHARLESTON SC 29401

TITLE DST ☐ DELETE

NAME LONGA, MICHAEL W
STREET ADDRESS 800 ARLINGTON EXPRESSWAY, SUITE 210
CITY-ST-ZIP JACKSONVILLE FL 32211

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☒ Change ☐ Addition

1.2 NAME HEWITT, WILLIAM B
1.3 STREET ADDRESS 211 KING STREET
1.4 CITY-ST-ZIP CHARLESTON, SC 29401

2.1 TITLE S T ☒ Change ☐ Addition

2.2 NAME LONGA, MICHAEL W
2.3 STREET ADDRESS 8000 ARLINGTON EXPY SUITE 210
2.4 CITY-ST-ZIP JACKSONVILLE, FL 32211

3.1 TITLE C P D ☐ Change ☒ Addition

3.2 NAME BEFFA, TIMOTHY G
3.3 STREET ADDRESS 390 S. WOODS MILL RD SUITE 350
3.4 CITY-ST-ZIP ST LOUIS, MO 63017

4.1 TITLE D ☐ Change ☒ Addition

4.2 NAME DOLAN, DANIEL J
4.3 STREET ADDRESS 390 S. WOODS MILL RD SUITE 350
4.4 CITY-ST-ZIP ST LOUIS, MO 63017

5.1 TITLE V ☐ Change ☒ Addition

5.2 NAME COX, RUSSELL T
5.3 STREET ADDRESS 8000 ARLINGTON EXPY SUITE 500
5.4 CITY-ST-ZIP JACKSONVILLE, FL 32211

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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.

SIGNATURE

Michael W Longa

CR2E034 (10/97)