

FILE NOW: FILING FEE AFT MAY 1ST IS \$550.00

**FILED**  
**Aug 11, 1999 8:00 am**  
**Secretary of State**

08-11-1999 90002 027 \*\*\*550.00

PROFIT CORPORATION  
ANNUAL REPORT  
1999  
FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F98000006472

1. Corporation Name  
HIGH TREK, INC.

Principal Place of Business  
3500 WARWICK DRIVE, #28  
LEXINGTON KY 40517

Mailing Address  
3500 WARWICK DRIVE, #28  
LEXINGTON KY 40517

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/25/1998

4. FEI Number  
61-1332653

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 the current year Intangible Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business  
21 3261 Lansdowne Dr.  
Suite, Apt. #, etc.  
22  
City & State  
23 CEX. KY  
Zip Country  
24 40502 25 USA  
2a. Mailing Address  
26 3261 Lansdowne Dr.  
Suite, Apt. #, etc.  
27  
City & State  
28 CEX. KY  
Zip Country  
29 40502 30 USA

9. Name and Address of Current Registered Agent

RICHARDSON, KEVIN S  
6683 CHRISTINA MARIE  
ORLANDO FL 32835

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 ☐ DELETE  
NAME PD  
STREET ADDRESS RICHARDSON, KEVIN S  
CITY-ST-ZIP 6683 CHRISTINA MARIE  
ORLANDO FL 32835  
TITLE ☐ DELETE  
NAME V  
STREET ADDRESS RICHARDSON, ANN  
CITY-ST-ZIP 2004 HARRODSBURG ROAD  
LEXINGTON KY 40503  
TITLE ☐ DELETE  
NAME TS  
STREET ADDRESS RICHARDSON, TIMOTHY B O  
CITY-ST-ZIP 3500 WARWICK DRIVE #28  
LEXINGTON KY 40517  
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 ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8-5-99

606 276-5032