

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

**APPROVED
AND
FILED**

95 MAY -1 PM 10:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra H. Montemayor
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **H46956**

(9)

1. Corporation Name:

PIKE'S PEAK CUSTOM DESIGN, INC.

2. Principal Place of Business:

**2410 OVERVIEW DRIVE
NEW PORT RICHEY FL 34655**

3. Mailing Address:

**2410 OVERVIEW DRIVE
NEW PORT RICHEY FL 34655**

3. Date of Incorporation: **03/13/1985**

3a. Date of Last Report: **06/02/1994**

21. Number of Shares:

25. Number of Shares:

4. F.F. Number: **59-2499152**

Agreement Fee:
Not Applicable

22. Number of Directors:

26. Number of Directors:

5. Certificate of Status (Required):

**\$8.75 Additional
Fee Required**

23. Number of Officers:

27. Number of Officers:

6. Has the corporation received
Federal Income Tax Return?

**\$5.00 May Be
Added to Fees**

24. Number of Officers:

28. Number of Officers:

8. This corporation has adopted a new corporate law under Chapter 607, Florida Statutes.

9. Name and Address of Current Registered Agent:

**PIKE, DAVID J.
2410 OVERVIEW DR
NEW PORT RICHEY FL 34655**

10. Name and Address of New Registered Agent:

81. Name:

82. Street Address:

83. City:

84. State:

FL

85. Zip Code:

11. I, the undersigned, being a duly qualified officer or director of the corporation, hereby certify that the information furnished in this report is true and correct and that the corporation is in compliance with the provisions of Chapter 607, Florida Statutes, and that the corporation is in compliance with the provisions of Chapter 607, Florida Statutes, and that the corporation is in compliance with the provisions of Chapter 607, Florida Statutes.

Signature:

12. Name:

**DP
PIKE, DAVID J.
2410 OVERVIEW DR
NEW PORT RICHEY FL**

13. Name:

Name:

Name:

Name:

Name:

Name:

Name:

Name:

Name:

Name:

Name:

Name:

Name:

Name:

Name:

Name:

Name:

Name:

Name:

Name:

Name:

Name:

Name:

Name:

Name:

Name:

Name:

Name:

Name:

Name:

Name:

Name:

Name:

Name:

Name:

Name:

Name:

Name:

Name:

SIGNATURE:

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-95 8:13 376 6855