

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000017322 (6)

1. Corporation Name

HIGH GEAR SALES, INC.



Principal Place of Business

Mailing Address

504 HIDDEN LAKE DRIVE
BRANDON FL 33511

504 HIDDEN LAKE DRIVE
BRANDON FL 33511

3. Date Incorporated or Qualified

03/04/1994

3a. Date of Last Report

03/03/1995

2. Principal Place of Business

2a. Mailing Address

21 6615 SEABIRD WAY

26 6615 SEABIRD WAY

4. FEI Number

59-3231476

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

22 City & State

27 City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

23 APOLLO BEACH FL

28 APOLLO BEACH FL

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☐ No

24 33572

Country

29 33572

Country

30 HILLSBOROUGH

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LESKO, MICHAEL J
504 HIDDEN LAKE DRIVE
BRANDON FL 33511

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE

NAME LESKO, MICHAEL J
STREET ADDRESS 504 HIDDEN LAKE DR.
CITY- ST- ZIP BRANDON FL 33511

1 1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME LESKO, CONNIE S
STREET ADDRESS 504 HIDDEN LAKE DR.
CITY- ST- ZIP BRANDON FL 33511

2 1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS

CITY- ST- ZIP

3 1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS

CITY- ST- ZIP

4 1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS

CITY- ST- ZIP

5 1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS

CITY- ST- ZIP

6 1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS

CITY- ST- ZIP

6 2 NAME

6 3 STREET ADDRESS

6 4 CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL J. LESKO

2-12-96

Date

813-645-8099

Day/Time Phone #

CR2E034 (12/95)