

FLORIDA DEPARTMENT OF STATE

**Katherine Harris** 

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9400020548

1. Corporation Name

PERFORMANCE INDUSTRIES, INC.

Principal Place of Business

Mailing Address

4700 A LANCIEV AVE

P.O. BOY 1890

## FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90166 023 \*\*\*150.00



DELAND FL 327		DELAND FL 32724			DO NOT WORT IN THE OF	2405	
					DO NOT WRITE IN THIS SE	PACE	
					3. Date Incorporated or Qualifed		
					03/11/1994 4. FEI Number		anlind Cor
2. Principal Pl	ace of Business	2a. Mailing Address	1 .	۸., .	• • • • • • • • • • • • • • • • • • •	<u> </u>	oplied For
			ngley Aur		59-3230371		ot Applicable
Suite, Apt. #, etc.  Suite, Apt. #, etc.  27  Suite, Apt. #, etc.			<b>J</b> /		5. Certifcate of Status Desired		Additional equired
							•
					Election Campaign Financing     Trust Fund Contribution		May Be to Fees
23		28 LeLANCE,	Country		<del></del>		10 1 663
Zip	Country	<u> </u>	٠	Α.	This corporation owes the current year Intangues     Personal Property Tax.	gible ]Yes	2500
24	(25)		<u> </u>	14	10. Name and Address of New Registered Ag		4560
04 None							
FRNI	est, albert d III		L		Albert D. Emest, II	<u>L</u> _	
1580 S WOODLAND BLVD					dress (P.O. Box Number is Not Acceptable)	1	]
DELAND FL 32720				1,	720 LANGLEY AUE, JUIK F	<u>+</u>	
UCU	WO 1 L 32/20		83		• /		
			84	City	Deland FL	85 Zip	Code 724
44 5	to the acceptance GOZ DEO	2 and 607 1509 Elorida Statutae	the above	a named cor		anging its	registered
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 Lam tamiliar with land accept the obligations of Section 607,0000, Fibrida Statutes.							
SIGNATURE	Albert D. Ern	x.st, <u>™</u>		<u> </u>	4-20 -	71	
-	Signature, typed or printed name of registered agent		13.	nt signature 1990ii	ADDITIONS/CHANGES TO OFFICERS AND		ORS IN 12
12.	D OFFICERS AN	D DIRECTORS  DELETE	1.1 TITLE			Change	Addition
TITLE	_	<del>-</del>					_ i
NAME	ERNEST, ALBERT D III		1.2 NAME				
STREET ADDRESS	1580 S WOODLAND BLVD		1.3 STREET				
CITY-ST-ZIP	DELAND FL 32720	□ DELETE	1.4 CITY-S	T-ZIP		Change	☐ Addition
TITLE	DELETE		2.1 TITLE		L		
NAME			2.2 NAME				
STREET ADDRESS	· ·		2.3 STREET ADDRESS				
CITY-ST-ZIP			2. 4 CITY-ST-ZIP			Change	Addition
TITLE	☐ DELETE		3.1 TITLE		ľ		[
NAME			3.2 NAME				
STREET ADDRESS	1		3.3 STREE	TADDRESS			
CITY-ST-ZIP			3.4. CITY-S	T-ZIP			
TITLE		☐ DELETE	4.1 TITLE		L	Change	☐ Addition
NAME			4,2NAME				
STREET ADDRESS			4.3 STREE	TADDRESS			
CITY-ST-ZIP			4.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	5.1 TITLE		[	_ Change	☐ Addition
NAME			5.2 NAME	]			
STREET ADDRESS			5.3 STREET	T ADDRESS			
CITY-ST-ZIP			5.4 CITY-S	T-ZIP			,
TITLE		☐ DELETE	6.1 TITLE			Change	☐ Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREE	TADDRESS			
SINCE I AUDKESS			CACITY C				

14. 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 of the proposed of the empowered.

**SIGNATURE:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR