SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996 AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) *PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 **DOCUMENT #** P94000059242 (5) PEAK INVESTIGATIVE SERVICES, INC. Mailing Address Principal Place of Business 6408 SHADOWBROOK LANE 6408 SHADOWBROOK LANE LAKELAND FL 33813 LAKELAND FL 33813 3a. Date of Last Report Date Incorporated or Qualified 08/09/1994 05/01/1995 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 59-3259456 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc 5. Certificate of Status Desired Fee Required 22 \$5.00 May Be City & State 6. Election Campaign Financing City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s 199 032. Florida Statutes Yes No Country Country Zip 29 30 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 GUILD, DANIEL 6408 SHADOWBROOK LANE 82 LAKELAND FL 33813 83 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 familial, with and apopting obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (36/8)OFFICERS AND DIRECTORS 12. Change Addition DELETE 11 DRE TITLE CR2E034 1.2 NAME RAEBIG, WILLIAM P NAME 6408 SHADOWBROOK LN 1.3 STREET ADORESS STREET ADDRESS LAKELAND FL 14 CITY - ST - ZIP CITY - ST - ZIP Change Addition DELETE 21 TITLE Rackig, William P. 4409 Shadowbrook Lane TITLE 2 2 NAME GUILD, DANIEL P NAME 6408 SHADOWBROOK LN 2.3 STREET ADDRESS STREET ADDRESS 2 4 DITY - ST- ZIP LAKELAND FL CITY-ST-ZIP Change Addition DELETE 3.1 THEF TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 4.1 3HLE THIF 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS **700001875467** -06/25/96--01141--020 ^{Change} □ ***225.00 44 CITY-ST-ZIP CITY-ST-ZIF DELETE 5 1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE 6111/16 TITLE 6.2 NAME NAME 63 STREET ADDRESS 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 1 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 617, Florida Statutes, and that my page accesses in Block 12 or Block 13 of the page of contraction and that my page accesses in Block 12 or Block 13 of the page of contraction and the page accesses. or on an attachment with an address that my name appears in E

NAME OF BIG HING OFFICER OR DIRECTOR

SIGNATURE:

6-17-96 941-647-5337