FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 11 PM 2:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000078255 (4)**

1. Corporation Name

PEAK PERFORMANCE TRAINING AND CONSULTING, INC.

Principal Place of Business
Winwood Way
~~5058 WINDWARD WAY~~
ORLANDO FL 32819

Mailing Address
Winwood Way
~~5058 WINDWARD WAY~~
ORLANDO FL 32819

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/19/1994
3a. Date of Last Report:

2. Principal Place of Business
21: 5058 Winwood Way
22: Suite, Apt. #, etc.
23: City & State: Orlando, FL
24: Zip: 32819
25: Country: USA

2a. Mailing Address
26: 5058 Winwood Way
27: Suite, Apt. #, etc.
28: City & State: Orlando, FL
29: Zip: 32819
30: Country: USA

4. FEI Number: 59-3278898 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

MOHR, ~~JOHN~~ JENNIFER
5058 WINDWARD WAY
ORLANDO FL 32819

*There never was a "John". The original filing was Jennifer.

10. Name and Address of New Registered Agent

81 Name: Jennifer Mohr
82 Street Address (P.O. Box Number is Not Acceptable): 5058 Winwood Way
83:
84 City: Orlando **FL** 85 Zip Code: 32819

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: Jennifer Mohr — Jennifer Mohr — 3/31/95
(Signature (type 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	PTD	11 TITLE	☐ Change ☐ Addition
NAME	MOHR, JENNIFER	12 NAME	
STREET ADDRESS	~~5058 WINDWARD WAY~~ Winwood Way	13 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32819	14 CITY-ST-ZIP	
TITLE	VS	21 TITLE	☐ Change ☐ Addition
NAME	MOHR, PHILIP D	22 NAME	
STREET ADDRESS	~~5058 WINDWARD WAY~~ Winwood Way	23 STREET ADDRESS	
CITY ST ZIP	ORLANDO FL 32819	24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(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.

SIGNATURE: Jennifer Mohr — Jennifer Mohr — 3/16/95 — 407 521-0202
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #)

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