

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Suzanne B. Mathews
Secretary of State
Tallahassee, Florida 32399-0400

**APPROVED
AND
FILED**

95 JUL 25 AM 9:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000079439 (3)

PEAK RESORTS OF FLORIDA, INC.

700001547877
-07/27/95--01069--013
****467.50 ****233.75

DO NOT WRITE IN THIS SPACE

1. Principal Place of Business 17805 US HWY 192 CLEARMONT FL 34711		2a. Mailing Address 17805 US HWY 192 CLEARMONT FL 34711		3. Date Incorporated or Qualified 10/28/1994	3a. Date of Last Report N/A
2. Principal Place of Business 21. State, Apt #, etc. 22. City & State	2a. Mailing Address 26. State, Apt #, etc. 27. City & State	4. FPI Number 59-3275047	Applied For Not Applicable		
23. City & State	28. City & State	5. Certificate of Status Desired ☒ X	\$8.75 Additional Fee Required		
24. City	25. County	29. City	30. County	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
24. City	25. County	29. City	30. County	6. This corporation has liability for... (change fee under 1995 Act) Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent CALDWELL, PAUL M 19 W FLAGLER ST SUITE 624 MIAMI FL 33130		10. Name and Address of New Registered Agent	
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 607.0602 and 607.1504, 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 607.0602, Florida Statutes.

SIGNATURE _____ (Signature of Registered Agent or Registered Agent in Charge) _____ (Signature of Registered Agent or Registered Agent in Charge)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME D. P. PEAK, JAMES 6530 METRO W BLVD SUITE 607 ORLANDO FL 32835	14. NAME 15. STREET ADDRESS 16. CITY, ST, ZIP	☐ Change ☐ Addition	
NAME 5 PEAK, JAVIE 6530 METRO W. BLVD SUITE 607 ORLANDO FL 32835	21. NAME 22. STREET ADDRESS 23. CITY, ST, ZIP	☐ Change ☐ Addition	
NAME	24. NAME 25. STREET ADDRESS 26. CITY, ST, ZIP	☐ Change ☐ Addition	
NAME	27. NAME 28. STREET ADDRESS 29. CITY, ST, ZIP	☐ Change ☐ Addition	
NAME	30. NAME 31. STREET ADDRESS 32. CITY, ST, ZIP	☐ Change ☐ Addition	
NAME	33. NAME 34. STREET ADDRESS 35. CITY, ST, ZIP	☐ Change ☐ Addition	
NAME	36. NAME 37. STREET ADDRESS 38. CITY, ST, ZIP	☐ Change ☐ Addition	
NAME	39. NAME 40. STREET ADDRESS 41. CITY, ST, ZIP	☐ Change ☐ Addition	
NAME	42. NAME 43. STREET ADDRESS 44. CITY, ST, ZIP	☐ Change ☐ Addition	
NAME	45. NAME 46. STREET ADDRESS 47. CITY, ST, ZIP	☐ Change ☐ Addition	

14. I hereby certify that the information supplied with this filing is verifiably true and correct, and that any corporation submitting this filing is a corporation organized under the laws of the State of Florida. I am familiar with and accept the obligations of the provisions of the Florida Statutes relating to the filing of this report, and that my name appears in Block 12 or Block 13, and has not changed since the filing of the previous report.

SIGNATURE: _____
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/24/95 (904) 242-2670

CR2E034 (3/95)