FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

APPROVED AND FILED

95 MAY 11 PM 12:48

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # **P94000092559 (1)**

1. Corporate Name

STORMPEAK, INC.

Principal Place of Business: ~~230 N. ELM ST. SUITE 1660 GREENSBORO NC 27401~~

Mailing Address: ~~230 N. ELM ST. SUITE 1660 GREENSBORO NC 27401~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/22/1994

3a. Date of Last Report:

4. FEI Number: 56-1918424 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. ☐ — $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☐ No

	2. Principal Office Address		2a. Mailing Address
21	5509 A. West Friendly	26	5509 A. West Friendly
22	Suite, Apt. #, etc.: 101	27	Suite, Apt. #, etc.: 101
23	City & State: Greensboro, NC	28	City & State: Greensboro, NC
24	Zip: 27410 — 25 Country: US	29	Zip: 27410 — 30 Country: US

9. Name and Address of Current Registered Agent

CASS, NANCY J
~~704 W. BAY ST.~~ 324 Hyde Park Ave
Suite 375
TAMPA FL 33606

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 607.0502 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: Nancy J. Cass — Nancy J. Cass — March 23 1995

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	MELTON, KENNETH A
STREET ADDRESS	230 N. ELM ST., SUITE 1660
CITY-ST-ZIP	GREENSBORO NC 27401

13. ☑ Change ☐ Addition

TITLE	
NAME	
STREET ADDRESS	5509 A West Friendly Ave Suite 101
CITY-ST-ZIP	Greensboro, NC 27410

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, 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] — 4/28/95 — (910)855-8222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Kenneth A. Melton

0004404 FN

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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED AND FILED

DOCUMENT # **P94000092615 (1)**

1. Corporation Name

BAILEY'S RESTAURANT & LOUNGE, INC.

Principal Place of Business	Mailing Address
9 N. CENTRAL AVE. UMATILLA FL 32784	9 N. CENTRAL AVE. UMATILLA FL 32784

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/20/1994
3a. Date of Last Report:
4. FEI Number: 59-3284247 — 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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

HAYHURST, RONALD E
6729 OSCEOLA DR.
MT. DORA FL 32757

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 607.0502 and 617.1508, Florida Statutes, the above named corporation submits the 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 ______ DATE ______

12. OFFICERS AND DIRECTORS

Field	Officer 1	Officer 2
TITLE	P	S
NAME	HAYHURST, APRIL D	HAYHURST, RONALD E
STREET ADDRESS	6729 OSCEOLA DR.	6729 OSCEOLA DR.
CITY-ST-ZIP	MT. DORA FL 32757	MT. DORA FL 32757

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (blank; ☐ Change ☐ Addition)

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: April D. Hayhurst — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President — 4/3/95 — (904) 669-4005

0003384 FP