## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000001431 (2)

PEAK PRECISION, INC.

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The state of the s

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Principal Place of Business Mailing Address 100 TECH DR. 100 TECH DR. SANFORD FL 32771 SANFORD FL 32771 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/06/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-3299040 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country

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Zip

9. Name and Address of Current Registered Agent PEAK, ROBERT C 1590 WOODLAND AVE. WINTER PANK FL 32789

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Country

	Personal Property Tax due June 30.	s [_] NO
	<ol> <li>Name and Address of New Registered Agen</li> </ol>	it
81	Street Address (P.O. Box Number is Not Acceptable)	
82	Street Address (P.O. Box Number is Not Acceptable)	
83		
84	City Curieda FI 85	Zip Code

8. This corporation owes or has paid the current year Intangible

**FILED** 

Apr 20 1998 8:00am

Secretary of State

Applied For

Not Applicable

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	Service / year or printed name of ingistimed agent and the it applicable	F. Jahr Cros	4-13 e required when reinstating) DATE	-98				
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A		3 IN 12			
TITLE	D DELET	E 1.1 TITLE	President.	Change Change	Addition			
NAME	PEAK, ROBERT C	1.2 NAME	E. John Crouch					
STREET ADDRESS	1590 WOODLAND AVE.	1.3 STREET ADDRESS	4684 Creeksiew Lane		li			
CITY-ST-ZIP	8ANFORD FL 32771	1.4 CITY-ST-ZIP	Ovicto #1 32765					
TITLE	☐ DELET	E 2.1 TITLE		Change	☐ Addition			
NAME		2.2 NAME			Į.			
STREET ADDRESS		2.3 STREET ADDRESS						
CRY-ST-ZIP	. <u>-</u>	2. 4 CITY-ST-ZIP						
TITLE	DELET	E 3.1 TITLE		☐ Change	Addition			
NAME		3.2 NAME						
STREET ADDRESS		3.3 STREET ADDRESS			1			
CITY-ST-ZIP		3.4. CITY - ST - ZIP						
TITLE	☐ DELETI	E 4.1 TITLE		Change	☐ Addition			
NAME	+	4. 2 NAME			1			
STREET ADDRESS		4.3 STREET ADDRESS						
CITY-ST-ZIP		4.4 CITY-ST-ZIP						
TITLE	☐ DELET	£ 5.1 11TLE		☐ Change	☐ Addition			
NAME		5.2 NAME						
STREET ADDRESS		5.3 STREET ADDRESS			[			
CITY-ST-ZIP		5.4 CITY-ST-ZIP						
TITLE	☐ DELET	E 6.1 TITLE		Change	Addition			
NAME		6.2 NAME			1			
STREET ADDRESS		6.3 STREET ADDRESS			]			
		_	1					

14. Thereby 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 armual 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.