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CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 31 PM 2:57

DOCUMENT # **S92197** **(0)**

1. Corporation Name
PETE-NIK HOLDINGS, INC.

Principal Place of Business	Mailing Address
77 GULFWINDS DRIVE PALM HARBOR FL 34683-1314	77 GULFWINDS DRIVE PALM HARBOR FL 34683-1314

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
11/05/1991	02/01/1994

2. Principal Place of Business	2a. Mailing Address
21 6202 Benjamin Rd.	26 6202 Benjamin Rd.
Suite, Apt. #, etc. 22 Suite 100	Suite, Apt. #, etc. 27 Suite 100
City & State 23 Tampa, FL	City & State 28 Tampa, FL
Zip 24 33634 Country 25 USA	Zip 29 33634 Country 30 USA

4. FEI Number
59-3092600
☐ 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	10. Name and Address of New Registered Agent
PORCELLI, PETER J., JR. 77 GULFWINDS DRIVE PALM HARBOR FL 34683-1314	81 Name: Michael D. Allweiss 82 Street Address (P.O. Box Number is Not Acceptable): 4020 Park Street North 83 Suite 202 84 City: St. Petersburg FL 85 Zip Code: 33709

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 _____ 1/26/95
Signature, typed 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	D	1.1 TITLE	☒ Change ☐ Addition
NAME	PORCELLI, PETER J., JR.	1.2 NAME	
STREET ADDRESS	77 GULFWINDS DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL	1.4 CITY-ST-ZIP	Palm Harbor, FL 34683
TITLE	D	2.1 TITLE	☒ Change ☐ Addition
NAME	COOPER, C. BRETT C	2.2 NAME	C. Brett Cooper, CPA
STREET ADDRESS	2529 W. WATROUS AVENUE	2.3 STREET ADDRESS	2454 McMullen Booth Rd. D-605
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	Clearwater, FL 34619
TITLE	D	3.1 TITLE	☒ Change ☐ Addition
NAME	HARRIS, BONNIE A	3.2 NAME	
STREET ADDRESS	6202 BENJAMIN RD., STE 100	3.3. STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 80	3.4 CITY-ST-ZIP	Tampa, FL 33634
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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 no address.

SIGNATURE: Bonnie A. Harris Secretary/Treasurer 1/20/95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR Date Daytime Phone #

0388030 CP