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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 PM 2:23

DOCUMENT # **V40727** **(2)**

1. Corporation Name
PEAK PERFORMANCE ENTERPRISES, INC.

Principal Place of Business	Mailing Address
3347 S. WEST SHORE BLVD. STE. 4 TAMPA FL 33629	3347 S. WEST SHORE BLVD. STE. 4 TAMPA FL 33629

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/01/1992**
3a. Date of Last Report: **05/23/1994**

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 / Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 / Country — 30

4. FEI Number: **59-3186383** ☐ 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

HIGLEY, PATRICIA G
4003 PEARL AVE.
TAMPA FL 33611-3520

10. Name and Address of New Registered Agent

81 Name: HIGLEY, KEITH A.
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: Keith A. Higley — KEITH A. HIGLEY, PRESIDENT — 3-22-95
Signature, typed or printed name of registered agent and title if officer — (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE	P	☑ Change ☐ Addition
NAME	HIGLEY, PATRICIA G	12 NAME	HIGLEY, KEITH A.	
STREET ADDRESS	4003 PEARL AVE.	13 STREET ADDRESS	3347 S. WEST SHORE BLVD., STE 4	
CITY-ST-ZIP	TAMPA FL 33611-3520	14 CITY-ST-ZIP	TAMPA, FL. 33629	
TITLE	V	21 TITLE	V	☐ Change ☑ Addition
NAME	HIGLEY, KEITH A	22 NAME	INGLISH, JUDITH PH.D	
STREET ADDRESS	4003 PEARL AVE.	23 STREET ADDRESS	P.O. BOX 2742	"N/A"
CITY-ST-ZIP	TAMPA FL 33611-3520	24 CITY-ST-ZIP	WINTER PARK, FL. 32790	
TITLE		31 TITLE	T	☐ Change ☑ Addition
NAME		32 NAME	AARON HIGLEY	
STREET ADDRESS		33 STREET ADDRESS	4014 WEST WATERS AVE # 110	
CITY-ST-ZIP		34 CITY-ST-ZIP	TAMPA, FL. 33614	
TITLE		41 TITLE	S	☐ Change ☑ Addition
NAME		42 NAME	ROBERT HIGLEY	
STREET ADDRESS		43 STREET ADDRESS	88 W. WARWICK AVE.	
CITY-ST-ZIP		44 CITY-ST-ZIP	WEST WARWICK, R.I 02893	
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: Keith A. Higley — KEITH A. HIGLEY — 3/22/95 — 813-832-3502
SIGNATURE AND TYPED OR PRINTED NAME OF PRINCIPAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0301806 CP