

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000004131

**Entity Name:** PEERCOMPS, INC.

**Current Principal Place of Business:**

701 S. HOWARD AVE.  
SUITE 203  
TAMPA, FL 33606

**FILED**  
**Jan 15, 2016**  
**Secretary of State**  
**CC8961267675**

**Current Mailing Address:**

701 S. HOWARD AVE.  
SUITE 203  
TAMPA, FL 33606 US

**FEI Number: 26-4037550**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

MIZE, DARREN  
701 S. HOWARD AVE.  
SUITE 203  
TAMPA, FL 33606 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           PRES  
Name           MIZE, DARREN  
Address        701 S. HOWARD AVE.  
City-State-Zip: TAMPA FL 33606

Title           VP  
Name           MIZE, STEVE  
Address        701 S. HOWARD AVE.  
City-State-Zip: TAMPA FL 33606

Title           DIRECTOR  
Name           LORI, MIZE M  
Address        701 S. HOWARD AVE.  
                  SUITE 203  
City-State-Zip: TAMPA FL 33606

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: LORI M MIZE**

**DIRECTOR**

**01/15/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date