CORPORATION ANNUAL REPORT 1995

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

FILED
95 APR 11 PM 1:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 413976 (2)

1. Corporation Name
HIRON H. PECK INC.

Principal Place of Business	Mailing Address
4565 ST AUGUSTINE ROAD STE A JAX FL 32207 US	4565 ST AUGUSTINE RD STE A JAX FL 32207 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/04/1972
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 1621 Emerson Street	26 1621 Emerson Street
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Jacksonville, FL	28 City & State: Jacksonville, FL
24 Zip: 32207 25 Country: USA	29 Zip: 32207 30 Country: USA

4. FEI Number: 59-1429064 ☐ 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

PECK, HIRON H JR
4565 ST. AUGUSTINE ROAD
STE. A
JAX FL 32207

10. Name and Address of New Registered Agent

81 Name: Peck, Hiron H. Jr.
82 Street Address (P.O. Box Number is Not Acceptable): 1621 Emerson Street
83
84 City: Jacksonville FL 85 Zip Code: 32207

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	11 TITLE	☐ Change ☐ Addition
NAME	PECK, HIRON H JR	12 NAME	
STREET ADDRESS	4565 ST. AUGUSTINE ROAD, STE. A	13 STREET ADDRESS	
CITY-ST-ZIP	JAX FL	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	PECK, HIRON H JR	22 NAME	
STREET ADDRESS	4565 ST AUGUSTINE RD., STE. A	23 STREET ADDRESS	
CITY-ST-ZIP	JAX FL	24 CITY-ST-ZIP	
TITLE	V	31 TITLE	☐ Change ☐ Addition
NAME	BALES, TIMOTHY C.	32 NAME	
STREET ADDRESS	4565 ST AUGUSTINE ROAD, STE. A	33 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	34 CITY-ST-ZIP	
TITLE	T	41 TITLE	☐ Change ☐ Addition
NAME	PECK, LINDA DIANN	42 NAME	
STREET ADDRESS	4565 ST. AUGUSTINE ROAD, STE. A	43 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	44 CITY-ST-ZIP	
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: Hiron H. Peck Jr. Hiron H. Peck 1-20-95 (904) 731-2557
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone Number

0016330 CP