

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED

97 FEB 21 PM 1:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # 413976 (2)

1. Corporation Name
HIRON H. PECK INC.

Principal Place of Business
1621 EMERSON STREET
STE A
JACKSONVILLE FL 32207
US

Mailing Address
1621 EMERSON STREET
STE A
JACKSONVILLE FL 32207-6103
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

12/04/1972

3a. Date of Last Report

03/19/1996

4. FEI Number

60-1429064

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
1621 EMERSON STREET
STE. A
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

500002094465--3
02/21/97-010017-021
****165.00L****165.00

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PST	<input type="checkbox"/> DELETE
NAME	PECK, HIRON H JR	
STREET ADDRESS	4565 ST. AUGUSTINE ROAD, STE. A	
CITY-ST-ZIP	JAX FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PECK, HIRON H JR	
STREET ADDRESS	4565 ST AUGUSTINE RD., STE. A	
CITY-ST-ZIP	JAX FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BALES, TIMOTHY C.	
STREET ADDRESS	4565 ST AUGUSTINE ROAD, STE. A	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	PECK, LINDA DIANN	
STREET ADDRESS	4565 ST. AUGUSTINE ROAD, STE. A	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PST;D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Peck, Hiron H. Jr.	
13 STREET ADDRESS	1621 Emerson Street	
14 CITY-ST-ZIP	Jax. FL 32207	
21 TITLE	PST;D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Peck, Hiron H. Jr.	
23 STREET ADDRESS	1621 Emerson Street	
24 CITY-ST-ZIP	Jax. FL 32207	
31 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Bales, Timothy C.	
33 STREET ADDRESS	1621 Emerson Street	
34 CITY-ST-ZIP	Jax. FL 32207	
41 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	Peck, Linda Diann	
43 STREET ADDRESS	1621 Emerson Street	
44 CITY-ST-ZIP	Jax. FL 32207	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do hereby 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 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

904
FEB 17, 97 3460344
Date Daytime Phone

CR2E034 (9/96)