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PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 413976

1. Corporation Name
HIRON H. PECK INC.

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/04/1972

4. F.E.I. 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 owes the current year Intangible Personal Property Tax [ ] Yes [ ] No

2. Principal Place of Business	2a. Mailing Address
21 4221 Baymeadows Rd.	26 4221 Baymeadows Rd.
Suite, Apt. #, etc. 22 #6	Suite, Apt. #, etc. 27 #6
City & State 23 Jacksonville, FL.	City & State 28 Jacksonville, FL.
Zip 24 32217 Country 25	Zip 29 32217 Country 30

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) 4221 Baymeadows Rd.
83 #6
84 City Jacksonville FL 85 Zip Code 32217

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: Required if Item 10 is completed)

12. OFFICERS AND DIRECTORS		
TITLE	PSDT	[ ] DELETE
NAME	PECK, HIRON H JR	
STREET ADDRESS	~~1621 EMERSON STREET~~ 4221 Baymeadows Rd #6	
CITY-ST-ZIP	JACKSONVILLE FL ~~32207~~ 32217	
TITLE	PSTD	[ ] DELETE
NAME	PECK, HIRON H JR	
STREET ADDRESS	~~1621 EMERSON STREET~~ 4221 Baymeadows Rd, #6	
CITY-ST-ZIP	JACKSONVILLE FL ~~32207~~ 32217	
TITLE	V	X DELETE
NAME	BALES, TIMOTHY C.	
STREET ADDRESS	~~1621 EMERSON STREET~~	
CITY-ST-ZIP	JACKSONVILLE FL ~~32207~~	
TITLE	X V	[ ] DELETE
NAME	PECK, LINDA DIANN	
STREET ADDRESS	~~1621 EMERSON STREET~~ 4221 Baymeadows Rd # 6	
CITY-ST-ZIP	JACKSONVILLE FL ~~32207~~ 32217	
TITLE	V	[ ] DELETE
NAME	PECK, Christopher W.	
STREET ADDRESS	4221 Baymeadows Rd. # 6	
CITY-ST-ZIP	Jacksonville, FL. 32217	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE		[ ] Change [ ] Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE		[ ] Change [ ] Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		[ ] Change [ ] Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		[ ] Change [ ] Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		[ ] Change [ ] Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		[ ] Change [ ] Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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14. I 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, with all other like empowered.

SIGNATURE: _____ 4/6/99 (904) 731-4045
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Area Code and Daytime Phone Number