Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 459612

1. Corporation Name

Principal Place of Business

EDWIN PECK, JR., CONSTRUCTION, INC.

	TLANTIC AVENUE. SUITE F SHRS FL 32118		2430 SOUTH ATLANTIC AVENUE, SUITE F DAYTONA BCH SHRS FL 32118				DO NOT WR		SPAC	<b>=</b>	
							<ol> <li>Date Incorporated or Qualifed 08/15/1974</li> </ol>				
2. Principal Place of Business 2a. Mailing Address					4. FEI Number					App	ied For
21		26	•				59-1548350			Not	Applicable
Suite, Apt.	# etc		Suite, Apt. #, etc.			T I	\$8.75 Additional				
—		_ <del> </del>	27				5. Certificate of Status Desired		F	ee Req	uired
. City & Stat	Α .		City & State				6Election Campaign Financing		\$5	.00 N	tav Be
23		- <b>├</b> ── `	28				Trust Fund Contribution			ided to	
Zip	Country	Zip		Country	,		8. This corporation owes the cur	- rent vear Inta	ngible		
24	25	29	3	0			Personal Property Tax.	•	Ŭ Ye:		No
24	9. Name and Address of Curren			<u>*</u>		1.,	10. Name and Address of New	Registered A	gent		
	J. Hame and Alexander of Tariot			81	Name						
PECK, EDWIN JR				<u> </u>							
	S. ATLANTIC AVE.		82			et Address	(P.O. Box Number is Not Accept	able)			
DAYTONA BEACH SHORES FL 32118				83		-					
DAI	TOTA BEACT CHOILESTE GET	•		03							
				84	City			FI	85	Zip C	ode
	to the provisions of Sections 607.050					<del>-</del> -	A			ito -	agistarad
office or r	to the provisions of Sections 607.050 registered agent, or both, in the State im familiar with, and accept the obliga	of Florida, Suc	ch change was auti	honzed by	tne cor	rporation's	s board of directors. I hereby acce	pt the appoin	itment	as reg	istered
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if ennlica	ble (NOTF: R	egistered Age	nt signatur	re required wh	nen reinstating)	DATE			
12.	OFFICERS AN			13.			ADDITIONS/CHANGES TO OF	FICERS AN	D DIR	ECTOF	RS IN 12
TITLE	PT		DELETE	1.1 TITLE							☐ Addition
NAME	PECK, JR. EDWIN W.			1.2 NAME		İ					
STREET ADDRESS	2430 S. ATLANTIC AVE.			1.3 STREE	T ADDRES	ss					
	DAYTONA BEACH SH. FL			1.4 CITY- S		<b>~</b>					
CITY-ST-ZIP		-	☐ DELETE	2.1 TITLE	)1-ZIF	<del> </del>			□Cr	ange	Addition
TITLE !	S								_	•	_
NAME	PECK, MARCIA W			2.2 NAME							
STREET ADORESS	2430 S. ATLANTIC AVE.			2.3 STREE		ss ·					
CITY-ST-ZIP	DAYTONA BEACH SH. FL			2. 4 CITY-	ŞT-ZIP		40.00		☐ Ch		Addition .
TITLE		-	DELETE	3.1 TITLE		1				arige	Addition
NAME				3.2 NAME							
STREET ADDRESS				3.3 STREE	TADDRES	ss					
CITY-ST-ZIP				3,4, CITY-	ST-ZIP	_			r= .		F14.00
TITLE			☐ DELETE	4.1 TITLE		1			C	ange	☐ Addition
NAME				4. 2 NAME							
STREET ADDRESS				4.3 STREE	TADDRES	ss					
CITY-ST-ZIP				4.4 CITY-5	ST-ZIP						
TITLE	-	*****	☐ DELETE	5.1 TITLE			<del> </del>			nange	☐ Addition
NAME				5.2 NAME							
STREET ADDRESS				5.3 STREE	TADDRES	ss					
CITY-ST-ZIP				5.4 CITY-5	ST-ZIP						
TITLE			DELETÉ	6.1 TITLE						nange	Addition

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:** 

NAME

STREET ADDRESS

CITY-ST-ZIP

**FILED** 

Apr 02, 1999 8:00 am Secretary of State

04-02-1999 90044 007 \*\*\*150.00