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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT #

1. Corporation Name

577947

(5)

PEEK & COBB. PROFESSIONAL ASSOCIATION

FILED Apr 30 1996 8:00 am Secretary of State

(S) 18818 (B)() 8 5817 (

Princ										
	cipal Place o	of Business	Mailing	g Address			4 FABRUS QUALL REALS PROVID 10111 019	881 A1811 81851		(† 41811 BIBIT 1981
1	1301 RIVERP	PLACE BLVD	13	01 RIVERPLACE	BLVD					
1	SUITE 1609		SI	UITE 1609						
•	JACKSONVIL	LE FL 32207	J#	ACKSONVILLE FL	32207		3. Date Incorporated or Qualified	3a. Date of L	ast Re	port
							07/07/1978	10/	20/19	995
2 . P	Principal Plac	e of Business	2a. Ma	ailing Address			4. FEI Number	<u> </u>	A	pplied For
21			26				59-2437216		٨	lot Applicable
S	Suite, Apt. #,	etc.	Su	ite, Apt. #, etc.			5. Certificate of Status Desired	□ \$		Additional
22			27					····		Required
	City & State		\vdash	ly & State			Election Campaign Financing Trust Fund Contribution			May Be
23			28		Cour			·		to Fees
	2ip	Country	Zig)	30 Cou	niry	8. This corporation has liability for in Florida Statutes Yes		oer s	199.032,
24		9. Name and Address of Current	29 t Registers	od Agent	[30]		10. Name and Address of New Re		nt	
		9. Name and Address of Content	r riegistore	a Agent		81 Name				
	BEEL I	D4140 41								
		DAVID H				82 Street Add	ress (P.O. Box Number is Not Acceptabl	e)		
		IVERPLACE BLVD				83				
	SUITE 1									
	JACKS	ONVILLE FL 32207				84 City		FL ⁸	5 Zip	Code
	Dure last to	the provisions of Sections 607 0500	and 607 14	508 Florida Statu	ites the abo	ve-named como	ration submits this statement for the pur	pose of changin	na its re	aistered office
	or registered	d agent, or both, in the State of Floric	da. Such ch	ange was authori	ized by the d	orporation's boa	rd of directors. I hereby accept the appo	intment as regi	stered	agent. I am
	familiar with	, and accept the obligations of, Secti	ion 607.050	6, Florida Statute	9 \$.					
SIG	NATURE _	ignature, typed or printed name of registered agent	and title if arvelo	sable #K	CITE: Recustered	Agent signature require	d when reinstating	DATE		
12.		OFFICERS AND			13.		ADDITIONS/CHANGES TO OFFI		RECTO	RS IN 12
TITLE		PD		DELETE	1.11	TLE		<u>□</u> c	hange	Addition
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		PEEK III, EUGENE G 1609 GULF LIFE TOWER								
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certify that the information indicated of this annual report of 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 of the receiver of 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 divanual techniques with an address.

SIGNATURE:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

729190 Destina Phone is