


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

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90043 039 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 577947

1. Corporation Name
PEEK, COBB, EDWARDS & ASHTON. P.A.

Principal Place of Business 1301 RIVERPLACE BLVD SUITE 1609 JACKSONVILLE FL 32207	Mailing Address 1301 RIVERPLACE BLVD SUITE 1609 JACKSONVILLE FL 32207
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 07/07/1978	
4. FEI Number 59-2437216 59-1880831	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

PEEK, DAVID H
1301 RIVERPLACE BLVD
SUITE 1609
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	FL	85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE PD	<input type="checkbox"/> DELETE
NAME PEEK III, EUGENE G.	
STREET ADDRESS 1609 GULF LIFE TOWER	
CITY-ST-ZIP JACKSONVILLE FL	
TITLE STD	<input type="checkbox"/> DELETE
NAME PEEK, DAVID H.	
STREET ADDRESS 1609 GULF LIFE TOWER	
CITY-ST-ZIP JACKSONVILLE FL	
TITLE D	<input type="checkbox"/> DELETE
NAME COBB, JAMES E.	
STREET ADDRESS 1609 GULF LIFE TOWER	
CITY-ST-ZIP JACKSONVILLE FL	
TITLE D	<input type="checkbox"/> DELETE
NAME EDWARDS, THOMAS S.	
STREET ADDRESS 1609 GULF LIFE TOWER	
CITY-ST-ZIP JACKSONVILLE FL	
TITLE D	<input type="checkbox"/> DELETE
NAME ASHTON, FRANK A.	
STREET ADDRESS 1301 Riverplace Boulevard	
CITY-ST-ZIP Jacksonville, Florida 32207	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS 1301 Riverplace Boulevard -- Suite 1609	
1.4 CITY-ST-ZIP Jacksonville, Florida 32207	
2.1 TITLE PS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS 1301 Riverplace Boulevard -- Suite 1609	
2.4 CITY-ST-ZIP Jacksonville, Florida 32207	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS 1301 Riverplace Boulevard -- Suite 1609	
3.4 CITY-ST-ZIP Jacksonville, Florida 32207	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS 1301 Riverplace Boulevard -- Suite 1609	
4.4 CITY-ST-ZIP Jacksonville, Florida 32207	
5.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS ASHTON, FRANK A.	
5.4 CITY-ST-ZIP 1301 Riverplace Boulevard -- #1609	
5.4 CITY-ST-ZIP Jacksonville, Florida 32207	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
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: *ASHTON, FRANK A.* **REQUIRED** 4/20/99 Date Daytime Phone #

CR2E034 (11/98)