


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 <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> 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

3. Date Incorporated or Qualified  
**07/07/1978**

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number <b>59-2437216</b>	59-1880831	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	<b>\$5.00</b> 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	<b>FL</b>
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEEK III, EUGENE G.	1.2 NAME	
STREET ADDRESS	1609 GULF LIFE TOWER	1.3 STREET ADDRESS	1301 Riverplace Boulevard -- Suite 1609
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	Jacksonville, Florida 32207
TITLE	STD <input type="checkbox"/> DELETE	2.1 TITLE	PS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEEK, DAVID H.	2.2 NAME	
STREET ADDRESS	1609 GULF LIFE TOWER	2.3 STREET ADDRESS	1301 Riverplace Boulevard -- Suite 1609
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	Jacksonville, Florida 32207
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COBB, JAMES E.	3.2 NAME	
STREET ADDRESS	1609 GULF LIFE TOWER	3.3 STREET ADDRESS	1301 Riverplace Boulevard -- Suite 1609
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	Jacksonville, Florida 32207
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDWARDS, THOMAS S.	4.2 NAME	
STREET ADDRESS	1609 GULF LIFE TOWER	4.3 STREET ADDRESS	1301 Riverplace Boulevard -- Suite 1609
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	Jacksonville, Florida 32207
TITLE	<del>ASHTON, FRANK A.</del> <input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<del>ASHTON, FRANK A.</del>	5.2 NAME	ASHTON, FRANK A.
STREET ADDRESS	<del>1301 Riverplace Boulevard -- Suite 1609</del>	5.3 STREET ADDRESS	1301 Riverplace Boulevard -- #1609
CITY-ST-ZIP	<del>Jacksonville, Florida 32207</del>	5.4 CITY-ST-ZIP	Jacksonville, Florida 32207
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/99

Date

Daytime Phone #

CR2E034 (11/98)