

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90178 030 ***150.00

DOCUMENT # 621139

1. Corporation Name

PECK CONSTRUCTION CO. OF BREVARD, INC.

Principal Place of Business

1818 COCO PLUM ST., NE
P.O. BOX 100187
PALM BAY FL 32905-3308
US

Mailing Address

1818 COCO PLUM ST., NE
P.O. BOX 100187
PALM BAY FL 32905-3308
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/08/1979

4. FEI Number

59-1902418

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

21 1818 Coco Plum St WE
Suite, Apt. #, etc.

2a. Mailing Address

26 1818 Coco Plum St N.E.
Suite, Apt. #, etc.

City & State

23 Palm Bay FL
Zip Country

24 32905-3008 25 Usa

City & State

28 Palm Bay FL
Zip Country

29 32905-3008 30 Usa

9. Name and Address of Current Registered Agent

LAVISA, MAURICE R
1818 COCO PLUM ST., N.E.
PALM BAY FL 32905

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE P
NAME LAVISTA, MAURICE R
STREET ADDRESS 1818 COCO PLUM ST., N.E.
CITY-ST-ZIP PALM BAY, FL 00000

☐ DELETE

TITLE ST
NAME LAVISTA, LUCILLE
STREET ADDRESS 1818 COCO PLUM ST., N.E.
CITY-ST-ZIP PALM BAY, FL 00000

☐ DELETE

TITLE V
NAME EVANS, DONALD W.
STREET ADDRESS 895 BRISBANE ST NE
CITY-ST-ZIP PALM BAY FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change

☐ 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 an other like empowered.

SIGNATURE:

Maurice R. Lavista
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/99
Date

407-723-3190
Daytime Phone #

CR2E034 (11/98)