

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000043808 (1)

1. Corporation Name

PECK-TODD PROPERTY, P.A.



Principal Place of Business

4700 31ST AVENUE S.W.
NAPLES FL 33999

Mailing Address

4700 31ST AVENUE S.W.
NAPLES FL 33999

3. Date Incorporated or Qualified

05/24/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

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Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

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9. Name and Address of Current Registered Agent

STEWART, JAMES C JR.
1725 COUNTY ROAD 951
SUITE 106, PINE PLAZA
GOLDEN GATE FL 33999

10. Name and Address of New Registered Agent

81 Name

NANCY PECK

82 Street Address (P.O. Box Number is Not Acceptable)

4700 31ST AVENUE, SW

83

84 City

NAPLES

FL

85 Zip Code

33999

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

Nancy Peck

(NOTE: Registered Agent signature required when filing for change)

4-15-96

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME PECK, NANCY
STREET ADDRESS 4700 31ST AVENUE S.W.
CITY-STATE-ZIP NAPLES FL 33999

☐ DELETE

TITLE
NAME
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CITY-STATE-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Nancy Peck NANCY PECK

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

4/15/96

DATE

(941) 353-4035

Daytime Phone

CR2E034 (12/95)