

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

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Apr 17 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P95000066534 (5)

1. Corporation Name  
PECK'S SHOES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
830 710 CYPRESS GARDENS BLVD. 830 710 CYPRESS GARDENS BLVD.  
WINTER HAVEN FL 33880 WINTER HAVEN FL 33880

2. Principal Office		2a. Mailing Address		3. Date Incorporated or Qualified	
21. Southeast Plaza		26. Southeast Plaza		08/28/1995	
22. 830 Cypress Gardens Blvd.		27. 830 Cypress Gardens Blvd.		4. FEI Number	
23. Winter Haven, FL 33880-4724		28. Winter Haven, FL 33880-4724		59-3335732	
24. Zip		25. Country		5. Certificate of Status Desired	
29. Zip		30. Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	

g. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
830 BROWN, MARTHA E 710 CYPRESS GARDENS BLVD. WINTER HAVEN FL 33880				81. Name Peck's Shoes Inc.			
				82. Street Address Southeast Plaza			
				83. 830 Cypress Gardens Blvd.			
				84. City Winter Haven, FL 33880-4724			
				85. Zip Code FL			

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 *M. H. Braun* DATE 3-11-98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, MARTHA E	1.2 NAME	
STREET ADDRESS	3409 KING BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL 33880	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, ROBERT K	2.2 NAME	
STREET ADDRESS	3409 KING RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL 33880	2.4 CITY-ST-ZIP	
TITLE	ST	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PECK, JOHN R	3.2 NAME	
STREET ADDRESS	1985 8TH ST. SE	3.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL 33880	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		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.

SIGNATURE *M. H. Braun* DATE 3-11-98 901-299-3851

CR2E034 (10/97)