

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
Feb 21, 1999 8:00 am
Secretary of State

02-21-1999 90040 048 ***158.75

DOCUMENT # P96000040711

1. Corporation Name

PEC HOLDING, INC.

Principal Place of Business

7300 BEACH BLVD
SUITE 01
JACKSONVILLE FL 32216
US

Mailing Address

7300 BEACH BLVD
SUITE 01
JACKSONVILLE FL 32216
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/13/1996

4. FEI Number

59-3377379

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$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 7300 Beach Blvd.

2a. Mailing Address

26 7300 Beach Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Jacksonville, FL

City & State

28 Jacksonville, FL

Zip Country

24 32216 25 USA

Zip Country

29 32216 30 USA

9. Name and Address of Current Registered Agent

PACE, JIMMY G
7300 BEACH BLVD
~~6588 COLIER RD~~
JACKSONVILLE FL 32216

10. Name and Address of New Registered Agent

81 Name

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

7300 Beach Blvd.

83

84 City

Jacksonville,

FL

85 Zip Code

32216

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 D ☐ DELETE
NAME PACE, JIMMY G
STREET ADDRESS 6588 COLLIER ROAD
CITY-ST-ZIP ST. AUGUSTINE FL 32092

TITLE PD ☐ DELETE
NAME PACE, JIMMIE JEAN
STREET ADDRESS 6588 COLLIER RD
CITY-ST-ZIP ST. AUGUSTINE FL 32092

TITLE VD ☐ DELETE
NAME BROOME, R W
STREET ADDRESS 7701 BAYMEADOWS CIR W 1033
CITY-ST-ZIP JAX FL 32256

TITLE STD ☒ DELETE
NAME PACE, J J
STREET ADDRESS 8597 FLORENCE COVE RD
CITY-ST-ZIP ST AUGUSTINE FL 32092

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/D ☐ Change ☐ Addition
1.2 NAME Please Correct
1.3 STREET ADDRESS Pace, Jimmy G.
1.4 CITY-ST-ZIP 6588 Collier Road
St. Augustine, FL 32092

2.1 TITLE S/T/D ☐ Change ☐ Addition
2.2 NAME (Please Correct)
2.3 STREET ADDRESS Pace, Jimmie Jean
2.4 CITY-ST-ZIP 8597 Florence Cove Road
St. Augustine, FL 32092

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/06/99

Date

(904) 855-1235

Daytime Phone #

CR2E034 (11/98)