

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

FILED
Apr 03 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 # 200474 (5)
1. Corporation Name
CURLIN INC.

Principal Place of Business 6001 EAST COLUMBUS DRIVE P.O. BOX 11428 TAMPA FL 33680-1428	Mailing Address 6001 EAST COLUMBUS DRIVE P.O. BOX 11428 TAMPA FL 33680-1428
--	--

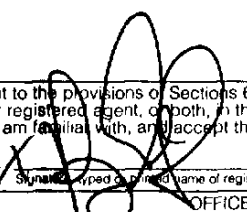


DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/05/1957	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-0805799	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☒ Yes ☐ No	

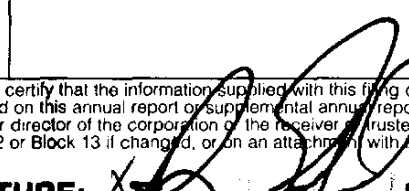
9. Name and Address of Current Registered Agent CURLIN, ROGER B 6001 EAST COLUMBUS DRIVE TAMPA FL 33619		10. Name and Address of New Registered Agent	
81	Name	Robert J. Gesemyer	
82	Street Address (P.O. Box Number is Not Acceptable)	6001 East Columbus Drive	
83			
84	City	Tampa	FL
85	Zip Code	33619	

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:  ROBERT J. GESEMYER, PRES. 3-30-98
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☒ Change ☐ Addition
NAME	CURLIN, ROGER B	1.2 NAME	
STREET ADDRESS	15701 RICHBORO CT	1.3 STREET ADDRESS	6001 East Columbus Dr.
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	Tampa, FL 33619
TITLE	PS	2.1 TITLE	☐ Change ☐ Addition
NAME	GESEMYER, ROBERT J	2.2 NAME	
STREET ADDRESS	110 ADALIA AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	☐ Change ☐ Addition
NAME	HAMITER, KAREN A.	3.2 NAME	
STREET ADDRESS	306 N. SKYWOOD DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	VALRICO FL	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	☐ Change ☐ Addition
NAME	DUVA, PAUL E.	4.2 NAME	
STREET ADDRESS	11308 LOCH LOMOND DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	RIVERVIEW FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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:  ROBERT J. GESEMYER, PRES. 3/16/98 (813) 686-1175

CR2E034 (10/97)