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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # 228527 (8)

1. Corporation Name
CURRAN & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
6034 CHESTER AVE, STE 114 JACKSONVILLE FL 32217-2264	6034 CHESTER AVE, STE 114 JACKSONVILLE FL 32217-2264

3. Date Incorporated or Qualified: 09/30/1959
3a. Date of Last Report: 01/96

2. Principal Place of Business
21: 2114 MERCER CIR, S.
Suite, Apt. #, etc. 22:
City & State 23: JACKSONVILLE FL
Zip 24: 32217-9108 Country 25: USA

2a. Mailing Address
26: 2114 MERCER CIR, S.
Suite, Apt. #, etc. 27:
City & State 28: JACKSONVILLE FL
Zip 29: 32217-9108 Country 30: USA

4. FEI Number: 59-0878711 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FRANK C. CURRAN
6034 CHESTER AVE, STE 114
JACKSONVILLE, FL 32217-2264

10. Name and Address of New Registered Agent

81 Name: FRANK C. CURRAN
82 Street Address (P.O. Box Number is Not Acceptable): 2114 MERCER CIR, S.
83:
84 City: JACKSONVILLE FL 85 Zip Code: 32217-9108

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] FRANK C. CURRAN 07/09/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SPT	☐ DELETE	1.1 TITLE	SPTD	☒ Change ☐ Addition
NAME	FRANK C. CURRAN		1.2 NAME	FRANK C. CURRAN	
STREET ADDRESS	6034 CHESTER AVE		1.3 STREET ADDRESS	2114 MERCER CIR, S	
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP	JACKSONVILLE FL 32217-9108	
TITLE	SD	☐ DELETE	2.1 TITLE	SD	☒ Change ☐ Addition
NAME	CURRAN, JEAN K		2.2 NAME	CURRAN, JEAN K.	
STREET ADDRESS	6034 CHESTER AVE, # 114		2.3 STREET ADDRESS	2114 MERCER CIR, S	
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP	JACKSONVILLE FL 32217-9108	
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	FRAZIER, WILLIAM R		3.2 NAME		
STREET ADDRESS	1515 RIVERSIDE AVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	800002240118	☐ Change ☐ Addition
NAME			6.2 NAME	-07/17/97--01004--016	
STREET ADDRESS			6.3 STREET ADDRESS	***550.00	
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

NB 7.16

14. I do 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; 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 changed, or on an attachment with an address.

SIGNATURE: [signature] FRANK C. CURRAN 07/09/97 (904) 733-3686
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL FILING DIRECTOR DATE