

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

FILED

Jul 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Motham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 228527 (8)

1. Corporation Name
CURRAN & ASSOCIATES, INC.

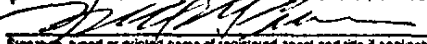
Principal Place of Business	Mailing Address
6034 CHESTER AVE, STE 114 JACKSONVILLE FL 32217-2264	6034 CHESTER AVE, STE 114 JACKSONVILLE FL 32217-2264

3. Date Incorporated or Qualified 09/30/1959	3a. Date of Last Report 01/1996
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2. Principal Place of Business 21 2114 MERCER CIR, S Suite, Apt. #, etc. 22	2a. Mailing Address 26 2114 MERCER CIR, S. Suite, Apt. #, etc. 27	4. FEI Number 59-0878711 Applied For Not Applicable
City & State 23 JACKSONVILLE FL Zip 24 32217-9108	City & State 28 JACKSONVILLE FL Zip 29 32217-9108	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
Country 25 USA	Country 30 USA	

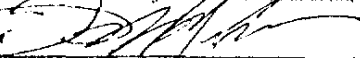
9. Name and Address of Current Registered Agent FRANK C. CURRAN 6034 CHESTER AVE, STE 114 JACKSONVILLE, FL 32217-2264	10. Name and Address of New Registered Agent 81 Name FRANK C. CURRAN 82 Street Address (P.O. Box Number is Not Acceptable) 2114 MERCER CIR, S. 83 84 City JACKSONVILLE FL 85 Zip Code 32217-9108
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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  FRANK C. CURRAN DATE 07/09/97
(NOTE: Registered Agent signature required when reinstating)

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

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 not in attachment with an address.

SIGNATURE:  FRANK C. CURRAN DATE 07/09/97 (904) 733-2686