

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Laurie B. Mortman,
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H03012 (2)
1. Corporation Name:
MID-FLORIDA CURB CORPORATION

APPROVED
AND
FILED
JULY 10 AM 10:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: **2305 LASSO LANE P.O. BOX 1163 EATON PARK FL 33840**
Mailing Address: **2305 LASSO LANE P.O. BOX 1163 EATON PARK FL 33840**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified: **05/10/1984** 3a. Date of Last Report: **06/01/1994**
4. FEI Number: **59-2406108** 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

2. Principal Place of Business: 21. State Apt. # etc. 22. City & State 23. Zip Country 24. Country
2a. Mailing Address: 26. State Apt. # etc. 27. City & State 28. Zip Country 29. Country

9. Name and Address of Current Registered Agent:
**BYWATER, JOSEPH G.
1828 SOUTH FLORIDA AVENUE
LAKELAND FL 33803**

10. Name and Address of New Registered Agent:
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City **FL** 85. Zip Code

11. Pursuant to the provisions of Sections 607.09(2) and 607.15(8), 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 607.05(5), Florida Statutes.

SIGNATURE: _____ (Signature of the registered agent and the corporation) _____ (Signature of the person who filed the report)

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	CORNS, HENRY R.
STREET ADDRESS	10108 LYNN AVENUE
CITY, ST, ZIP	TAMPA FL 33619
TITLE	S
NAME	CORNS, EMILY J
STREET ADDRESS	10108 LYNN AVE
CITY, ST, ZIP	TAMPA FL
TITLE	T
NAME	WHITE, CAROLE
STREET ADDRESS	11802-A SKYLAKE PL
CITY, ST, ZIP	TAMPA FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY, ST, ZIP	
15. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
16. NAME	
17. STREET ADDRESS	
18. CITY, ST, ZIP	
19. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
20. NAME	
21. STREET ADDRESS	
22. CITY, ST, ZIP	
23. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
24. NAME	
25. STREET ADDRESS	
26. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and true and comply for the exemption stated in Section 110.07(9)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and of legal effect 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: *Emily J. Corns* **Emily J. Corns** **5-2-95** **654-4224**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Type Name)

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

REGISTRATION
ANNUAL REPORT
1995



DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H03202** (9)

A.F. CLEWELL, INC.

APPROVED AND FILED

MAY 10 10:35

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

Principal Office Address: **RTE 7 BOX 1195 QUINCY FL 32351**
 Mailing Address: **RTE 7 BOX 1195 QUINCY FL 32351**

2. Date of Incorporation: **05/11/1984**
 26. Major Activities: **59-2407463**
 22. State Agent: **27**
 23. City & State: **28**
 24. **25** **29** **30**

3. Date of expiration of registration: **03/21/1994**
 3a. Date of last report: **03/21/1994**
 4. Telephone: **59-2407463**
 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 Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: **CLEWELL, ANDRE F. ROUTE 7 BOX 1195 QUINCY FL 32351**
 10. Name and Address of New Registered Agent:
 B1. Name:
 B2. Street Address (P.O. Box Number is Not Acceptable):
 B3. City:
 B4. State: **FL** B5. Zip Code:

11. Pursuant to the provisions of Sections 219.01 and 219.02, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent in part or the State of Florida. Each 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 219.02, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS

PT	CLEWELL, ANDRE F. RTE 7 BOX 1195 QUINCY FL
S	CLEWELL, JUDY SNOW RTE 7 BOX 1195 QUINCY FL
V	BEAMAN, REED S. 820 NE 5TH AVE. GAINESVILLE FL
NAM	
NAM	
NAM	
NAM	
NAM	
NAM	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '95

1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Address
2. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Address
3. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Address
4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Address
5. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Address
6. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Address
7. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Address
8. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Address
9. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Address

14. I, the undersigned, certify that the information required with this filing is voluntarily furnished and is true and validly for the corporation stated in Sections 219.01 and 219.02, Florida Statutes. I further certify that the additions and changes to the annual report or supplemental annual report are true and accurate, and that the corporations that have the same legal address do make such additions and changes for all the corporations of this system or under circumstances to make the report as required by Chapter 219, Florida Statutes, and that the name appears in the filing of the corporation in accordance with an address.

SIGNATURE: *Andre F. Clewell* **A. F. CLEWELL**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/4/95 904-875-3868