

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

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



Principal Place of Business: 2365 LASSO LANE, P.O. BOX 1163, EATON PARK FL 33840
Mailing Address: 2365 LASSO LANE, P.O. BOX 1163, EATON PARK FL 33840

3. Date Incorporated or Qualified: 05/10/1984
3a. Date of Last Report: 05/10/1995

2. Principal Place of Business: 21 333 Falkenburg STE. A109, Suite, Apt #, etc: Ste. A-109, City & State: Tampa, Fl 33619
2a. Mailing Address: 26 P.O. Box 1163, Suite, Apt #, etc: Eaton Park, Fl 33840
22 Hills., 23 Tampa, Fl 33619, 24 33619, 25 Hills., 29 33840, 30 Polk

4. FEI Number: 59-2406108
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

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, 85 Zip Code: FL

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: Emily J. Corns, Corporate Secretary, 6-13-96

12. OFFICERS AND DIRECTORS

TITLE	P	DELETE
NAME	CORNS, HENRY R.	
STREET ADDRESS	10108 LYNN AVENUE	
CITY-ST-ZIP	TAMPA FL 33619	
TITLE	S	DELETE
NAME	CORNS, EMILY J	
STREET ADDRESS	10108 LYNN AVE	
CITY-ST-ZIP	TAMPA FL	
TITLE	T	DELETE
NAME	WHITE, CAROLE	
STREET ADDRESS	11802-A SKYLAKE PL	
CITY-ST-ZIP	TAMPA FL	
TITLE	VP	DELETE
NAME	Harold E. White	
STREET ADDRESS	34741 Eagles Peak Place	
CITY-ST-ZIP	Zephyrhills, Fl 33541	
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

11 TITLE		Change	Addition
12 NAME			
13 STREET ADDRESS			
14 CITY-ST-ZIP			
21 TITLE		Change	Addition
22 NAME			
23 STREET ADDRESS			
24 CITY-ST-ZIP			
31 TITLE		X	Change
32 NAME			
33 STREET ADDRESS	34741 Eagles Peak Place		
34 CITY-ST-ZIP	Zephyrhills, Fl 33541		
41 TITLE	VP	Change	X
42 NAME	Harold E. White		
43 STREET ADDRESS	34741 Eagles Peak Place		
44 CITY-ST-ZIP	Zephyrhills, Fl 33541		
51 TITLE		Change	Addition
52 NAME			
53 STREET ADDRESS			
54 CITY-ST-ZIP			
61 TITLE		Change	Addition
62 NAME			
63 STREET ADDRESS			
64 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k) 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 617, 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, 6-13-96, 654-4224

CR2E034 (3/96)