

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 7:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L89024** (8)

1. Corporation Number

DAVID MCCURDY, INC.

Principal Place of Business

**9540 FRANGIPANI DR
VERO BEACH FL 32963**

Mailing Address

**9540 FRANGIPANI DR
VERO BEACH FL 32963**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **07/20/1990** 3a. Date of Last Report **04/07/1994**

4. FEI Number **65-0204928** 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**

7. This corporation has liability for information fee under S. 199.013 Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21. State Apt. # etc.

22. City & State

23. Zip

24. Country

2a. Mailing Address

26. State Apt. # etc.

27. City & State

28. Zip

29. Country

9. Name and Address of Current Registered Agent

**MCCURDY, DAVID
9540 FRANGIPANI DR
VERO BEACH FL 32963**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83. City

84. State

FL

85. Zip Code

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 of Agent or person in control of corporation agent and who takes care of the corporation's affairs)

(Signature of Registered Agent, if not an officer or director)

(Date)

12. OFFICERS AND DIRECTORS

TITLE	PVS
NAME	MCCURDY, DAVID
STREET ADDRESS	9540 FRANGIPANI DR
CITY, ST, ZIP	VERO BEACH FL
TITLE	TD
NAME	MCCURDY, DAVID
STREET ADDRESS	9540 FRANGIPANI DR
CITY, ST, ZIP	VERO BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. 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 199.013(4), 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 or changed or on an attachment with an address.

SIGNATURE:

David McCurdy

DAVID MCCURDY

4-3095

(407) 589-4857

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number