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

PROFIT CORPORATION ANNUAL REPORT

1999

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

**FILED**
**Mar 09, 1999 8:00 am**
**Secretary of State**
03-09-1999 90119 037 ***150.00

DOCUMENT # P97000085886 (4)

1. Corporation Name
CURRY DEVELOPMENT OF S.W. FLORIDA, INC.

DO NOT WRITE IN THIS SPACE

| Principal Place of Business | Mailing Address |
|---|---|
| ~~1457 LINHART AVENUE~~<br>~~FORT MYERS FL 33901~~<br>15951 McGregor Blvd. Ste.1B<br>Fort Myers, FL 33908 | ~~1457 LINHART AVENUE~~<br>~~FORT MYERS FL 33901~~<br>15951 McGregor Blvd. Ste. 1B<br>Fort Myers, FL 33908 |

| | |
|---|---|
| 2. Principal Place of Business<br>21 15951 McGregor Blvd.<br>Suite, Apt. #, etc.<br>22 Ste. 1B<br>City & State<br>23 Fort Myers, FL<br>Zip 24 33908 Country 25 USA | 2a. Mailing Address<br>26 15951 McGregor Blvd.<br>Suite, Apt. #, etc.<br>27 Ste. 1B<br>City & State<br>28 Fort Myers, FL<br>Zip 29 33908 Country 30 USA |

3. Date Incorporated or Qualified: 10/03/1997

4. FEI Number: 65-0789232 ☐ 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 owes or has paid the current year intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CURRY, RYAN P
~~1457 LINHART AVENUE~~
~~FORT MYERS FL 33901~~

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable): 15951 McGregor Boulevard Ste. 1B

83

84 City: Fort Myers, FL 85 Zip Code: 33908

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, 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 | D ☐ DELETE | 1.1 TITLE | ☒ Change ☐ Addition |
| NAME | CURRY, RYAN P | 1.2 NAME | |
| STREET ADDRESS | ~~1457 LINHART AVENUE~~ | 1.3 STREET ADDRESS | 15951 McGregor Blvd. Ste. 1B |
| CITY-ST-ZIP | ~~FORT MYERS FL 33901~~ | 1.4 CITY-ST-ZIP | Fort Myers, FL 33908 |
| TITLE | ☐ DELETE | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 2.2 NAME | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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 | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I 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; 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:** _____ 2/22/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

Document Number 0430128