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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

1998 DOCUMENT #

287855

(1)

CULVERT, INCORPORATED

**FILED** Feb 20 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 10399-67 AVE. N. LOT 33 10399-67 AVE. N. LOT 33 SEMINOLE FL 34642 33 77 2 SEMINOLE FL 33772 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/17/1964 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 59-1087442 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Country Zip 8. This corporation owes or has paid the current year Intangible □ No 24 Yes 30 Personal Property Tax due June 30. 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent DAVIES, HAZEL E **B1** Name 10399 67TH AVE N LOT #33 82 Street Address (P.O. Box Number is Not Acceptable) **SEMINOLE FL 33772** 83 84 City Zip Code 85 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change ■ Addition TITLE 1.1 TITLE BULLOCK, DAVID W NAME 1.2 NAME CR2E034 4241 TARPON AVE. 1.3 STREET ADDRESS STREET ADDRESS **BONITA SPRINGS FL** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE DAVIES, HAZEL E. 2.2 NAME NAME 10399 67TH AVE N LT #33 STREET ADDRESS 2.3 STREET ADDRESS SEMINOLE FL 2.4 CITY-ST-ZIP CITY-ST-ZIF DELETE Change Addition TITLE 3.1 TITLE **BULLOCK, GREGORY** NAME 3.2 NAME **8318 N.W. 23RD STREET** 3.3 STREET ADDRESS STREET ADDRESS CAPE CORAL FL CiTY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE **BULLOCK, RODNEY** NAME 4.2 NAME 6940 SUNSET DRIVE S., APT. 1-C STREET ADDRESS 4.3 STREET ADDRESS **SOUTH PASADENA FL** CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change ■ Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP Addition DELETE Change 6.1 TIT) F TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. I bereby 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.

(10/97)