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**Mar 06, 1999 8:00 am**  
**Secretary of State**

03-06-1999 90143 021 \*\*\*150.00

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PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **453695**

1. Corporation Name  
**AYRES, CLUSTER, CURRY, MCCALL & BRIGGS, P.A.**



Principal Place of Business  
**21 NE FIRST AVE**  
**OCALA FL 34470**  
**US**

Mailing Address  
**P O BOX 1148**  
**OCALA FL 34478**  
**US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**05/27/1974**

4. FEI Number  
**59-1570154**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required  Not Applicable

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business

21 [ ] Suite, Apt. #, etc.

22 [ ] City & State

23 [ ] Zip [ ] Country

24 [ ] 25 [ ]

2a. Mailing Address

26 [ ] Suite, Apt. #, etc.

27 [ ] City & State

28 [ ] Zip [ ] Country

29 [ ] 30 [ ]

9. Name and Address of Current Registered Agent

**CURRY, LANDIS V. JR.**  
**21 NORTHEAST FIRST AVENUE**  
**OCALA FL 34470**

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 607.0502 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	PD	1.1 TITLE	VD
NAME	CLUSTER, EDWIN C.	1.2 NAME	SAUEY, JEFFREY L.
STREET ADDRESS	21 N.E. 1ST AVE.	1.3 STREET ADDRESS	21 N.E. 1ST AVE
CITY-ST-ZIP	OCALA FL	1.4 CITY-ST-ZIP	OCALA, FL 34470
TITLE	SD	2.1 TITLE	VD
NAME	CURRY, LANDIS V JR	2.2 NAME	WINGO STEVEN W.
STREET ADDRESS	21 N.E. 1ST AVE.	2.3 STREET ADDRESS	21 N.E. 1ST AVE
CITY-ST-ZIP	OCALA FL	2.4 CITY-ST-ZIP	OCALA, FL 34470
TITLE	TD	3.1 TITLE	
NAME	MCCALL, WAYNE C.	3.2 NAME	
STREET ADDRESS	21 N.E. 1ST AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	
NAME	BRIGGS, RANDY R.	4.2 NAME	
STREET ADDRESS	21 N.E. 1ST AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	4.4 CITY-ST-ZIP	
TITLE	VD	5.1 TITLE	
NAME	COLLINS, JAMES E.	5.2 NAME	
STREET ADDRESS	21 N.E. 1ST AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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, with all other like empowered.

SIGNATURE: *Landis V. Curry* 1/13/99 352-351-2222  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)