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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 520360

(9)

HUGH E. CURLIN, INC.

STE 2-E

21

22

23

24

Zip

JACKSONVILLE FL 32207

Suite, Apt. #, etc.

City & State

2. Principal Place of Business

CURLIN, HUGH E.

Principal Place of Business Mailing Address 1914 BEACHWAY ROAD

1914 BEACHWAY ROAD STE 2-E JACKSONVILLE FL 32207

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29

Name and Address of Current Registered Agent

2a. Mailing Address

City & State

Žip

Suite, Apt. #, etc.

FILED Jan 15 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes \(\sigma\) No

Name and Address of New Registered Agent

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

3. Date Incorporated or Qualified 12/15/1976

59-1706338

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

4. FEI Number

1914 BEACHWAY ROAD			82 Street Address (P.O. Box Number is Not Acceptable)		
STE 2-E					
JACKSONVILLE FL 32207		83	83		
		84	City	FL 85 Zip Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the ab			-pamed		
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.					
TITLE	PTD DELETE	1.1 TITLE		Change Addition	
NAME	CURLIN, HUGH E.	1.2 NAME	İ		
STREET ADDRESS	1914 BEACHWAY ROAD	1.3 STREET	ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-S	Γ- ZIP		
TITLE	VSD DELETE	2.1 TITLE		☐ Change ☐ Addition	
NAME	CURLIN, SHEILA A.	2.2 NAME	J		
STREET ADDRESS	1914 BEACHWAY ROAD	2.3 STREET	ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	2. 4 CITY - S	ĭ-ZIP		
TITLE	☐ DELETE	3.1 TITLE		Change Addition	
NAME		3.2 NAME	ļ		
STREET ADDRESS		3.3 STREET	ADDRESS		
CITY-ST-ZIP_		3.4. CITY-5	T-ZIP		
TITLE	☐ DELETE	4.1 TITLE	_ i	Change Addition	
NAME		4. 2 NAME	ł		
STREET ADDRESS		4.3 STREET	ADDRESS		
CITY-ST-ZIP		4.4 CITY-S	- ZIP		
TITLE	DELETE	5.1 TITLE	ţ	Change Addition	
NAME		5.2 NAME	ł		
STREET ADDRESS		5.3 STREET	ADDRESS		
CITY-ST-ZIP		5.4 CITY - S	- ZIP		
TITLE :	L_ DELETE	6.1 TITLE	ĺ	Change Addition	
NAME (6.2 NAME	- 1		
STREET ADDRESS		6.3 STREET	ADDRESS		
CITY-ST-ZIP		6.4 CITY-S			
14. I hereby certify that the information supplied with this filling 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 charged, or on an attachment fith an address.					

Country

81 Name

30