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Mailing Address

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F45799**

Corporation Name

Principal Place of Business

JERRY'S CURB CITY, INC.

1712 ORANGE AVE. P.O. BOX 1539 FT PIERCE FL 34954		1712 ORANGE AVE. P.O. BOX 1539 FY PIERCE FL 34964		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 09/23/1981				
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		App ied For	
21		26			59-2136515		Not Applicable	
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.		_	5. Certificate of Status Desired	T	5 Aciditional Required	
City & S ato	9	City & State			Election Campaign Financing Trust Fund Contribution		00 May Be ed to Fees	
Zip	Coun ry	Zip	Count	try	8. This corporation owes the current year In	angible ☐ Yes	[1 No	
24	25	29	30		Personal Property Tax. 10. Name and Address of New Registered			
	9. Name and Address of Currer	t Registered Agent		Name		- gent		
GERHARD, GERALD B 1712 ORANGE AVE					Street Address (P.O. Box Number is Not Acceptable)			
	IERCE FL 34954		1	33				
			8	34 City		85 Z	Zip Code	
agent. I a	m familiar with, and accept the obligation of registered age	nt and title if applicable (NOTE	rida Statut	es.	poration's board of directors. I hereby accept the apportunity in the property of the property			
12.		IE DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS //			
TITLE	PST	☐ DELETE	1.1 TiTL			Chan	ge Addition	
NAME	GERHARD, GERLALD B		1.2 NAM	_				
STREET ADDRESS	1712 ORANGE AVE		4	EET ADDRES	5			
CITY-ST-ZIP	FT PIERCE FL	☐ DELETE	2.1 TITL	-ST-ZIP		Chan	ge Addition	
TITLE	VD		2.1 HILL				,,	
NAME	GERHARD, GERLALD B 1712 ORANGE AVE		- 1	EET ADDRES	9			
STREET ADDRESS	FT PIERCE FL		1	Y-ST-ZIP	3			
CITY-ST-ZIP TITLE	TT FILMOL I L	DELETE	3 1 TITL			Chan	ge Addition	
NAME			3.2 NAM	E				
STREET ADDRESS			3 3 STR	EET ADDRES	s			
CITY-ST-ZIP			34 CITY	r-st-zip				
TITLE		☐ DELETE	41 TITL	E		Chan	ge 🔲 Addition	
NAME			4. 2 NA	Æ				
STREET ADDRES S			4.3 STR	EET ADDRES	s			
CITY-ST-ZIP			_	-ST-ZIP				
TITLE		☐ DELETE	5.1 TITL			☐ Chan	ige Addition	
NAME			5.2 NAM		e			
STREET ADDRESS				EET ADDRES	3			
CITY-ST-ZIP			6.1 TITL	-ST-ZIP		Chan	nge Addition	
TITLE		☐ DELETE	6.2 NAM				ac Dyonnon	
NAME			0.2 IVAIV	ii.			Į.	

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 of on an attach pen with an address, with a lother like empowered.

SIGNATURE:

STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR FRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRACO ISCRETATION

4-2699

489951

Daytime Phone #

2F034 (11/98)