## 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 #** G01083

(6)

CURLEY & ASSOCIATES, INC.

Principal Place of Business	Mailing Address	<u></u>
P. O. BOX 216 EUSTIS FL 32727 US	P. O. BOX 216 EUSTIS FL 32727 US	
2. Principal Place of Business	2a. Mailing Address	

**FILED** Jan 21 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/01/1982 4. FEI Number Applied For 59-2219171 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired П Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Zio Country 8. This corporation owes or has paid the current year Intangible Yes Yes 24 25 29 30 Personal Property Tax due June 30, 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CURLEY, JOHN J 118 W. DICIE AVE. Street Address (P.O. Box Number is Not Acceptable) 82 EUSTIS FL 32726 83 84 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. □ DELETE 1.1 TITLE Change Addition CURLEY, ANN R. NAME 1.2 NAME P. O. BOX 216 N/A STREET ADDRESS 1.3 STREET ADDRESS **EUSTIS FL** 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition TITLE 2.1 TITLE CURLEY, JOHN J 2.2 NAME NAME P. O. BOX 216 2.3 STREET ADDRESS STREET ADDRESS **EUSTIS FL** 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. COY-ST-ZIP DELETE Addition 4.1 TITLE Change TITLE 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST-ZIP 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** 

(10/97)**CR2E034**