

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Apr 30, 1999 8:00 am  
Secretary of State

04-30-1999 90135 010 \*\*\*150.00

DOCUMENT # G21373

1. Corporation Name

CURTIS BROTHERS, INC.

Principal Place of Business

1305 W. KING STREET  
C/O BYRON L. CURTIS, JR.  
COCOA FL 32922

Mailing Address

1305 W. KING STREET  
C/O BYRON L. CURTIS, JR.  
COCOA FL 32922

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/01/1983

4. FEI Number

59-2397131

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

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 1305 West King Street

Suite, Apt. #, etc.

22

City & State

23 Cocoa, FL

Zip

24 32922

Country

25 Brevard

2a. Mailing Address

26 1305 West King Street

Suite, Apt. #, etc.

27

City & State

28 Cocoa, FL

Zip

29 32922

Country

30 Brevard

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CURTIS, MELVIN L  
944 GOLDEN BEACH BLVD  
INDIAN HARBOUR BEACH FL 32922

81 Name

Curtis, Melvin L.

82 Street Address (P.O. Box Number is Not Acceptable)

1305 West King Street

83

84 City

Cocoa

FL

85 Zip Code

32922

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

X  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME CURTIS, MELVIN L  
STREET ADDRESS 944 GOLDEN BEACH BLVD  
CITY-ST-ZIP INDIAN HARBOR BEACH FL

TITLE P ☒ DELETE

NAME CURTIS, MELVIN L  
STREET ADDRESS 944 GOLDEN BEACH BLVD  
CITY-ST-ZIP INDIAN HARBOR BEACH FL 32935

TITLE ST ☐ DELETE

NAME CURTIS, MELVIN L  
STREET ADDRESS 944 GOLDEN BEACH BLVD.  
CITY-ST-ZIP INDIAN HARB. BCH. FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VPD ☐ Change ☒ Addition

1.2 NAME Byron L. Curtis, III  
1.3 STREET ADDRESS 1305 W. King Street  
1.4 CITY-ST-ZIP Cocoa, FL 32922

2.1 TITLE SD- ☐ Change ☒ Addition

2.2 NAME Timothy Curtis  
2.3 STREET ADDRESS 1305 W. King Street  
2.4 CITY-ST-ZIP Cocoa, FL 32922

3.1 TITLE VPD ☐ Change ☒ Addition

3.2 NAME Joan Curtis  
3.3 STREET ADDRESS 1305 W. King Street  
3.4 CITY-ST-ZIP Cocoa, FL 32922

4.1 TITLE PTD ☒ Change ☐ Addition

4.2 NAME Melvin L. Curtis  
4.3 STREET ADDRESS 944 Golden Beach Blvd  
4.4 CITY-ST-ZIP Indian Harbour Beach, FL 32937

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)