


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

FILED  
Mar 30 1998 8:00am  
Secretary of State

|                                                       |                                                                                   |                                                                                                           |
|-------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|-------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|

DOCUMENT # **H03012**

(2)

1. Corporation Name

**MID-FLORIDA CURB CORPORATION**

Principal Place of Business

Mailing Address

**333 FALKENBURG  
A-109  
TAMPA FL 33640  
US**

**P.O. BOX 1163  
P.O. BOX 1163  
EATON PARK FL 33840  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**05/10/1984**

4. FEI Number

**59-2406108**

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 or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

|                                |                     |                     |                     |
|--------------------------------|---------------------|---------------------|---------------------|
| 2. Principal Place of Business |                     | 2a. Mailing Address |                     |
| 21                             | Suite, Apt. #, etc. | 26                  | Suite, Apt. #, etc. |
| 22                             | City & State        | 27                  | City & State        |
| 23                             | Zip                 | 28                  | Zip                 |
| 24                             | Country             | 29                  | Country             |

9. Name and Address of Current Registered Agent

**BYWATER, JOSEPH G.  
1828 SOUTH FLORIDA AVENUE  
LAKELAND FL 33803**

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                      | P<br>CORNS, HENRY R.<br>10108 LYNN AVENUE<br>TAMPA FL 33619        | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                                                    | 1.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                                                                    | 1.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                                                                    | 1.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | S<br>CORNS, EMILY J<br>10108 LYNN AVE<br>TAMPA FL                  | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                                                    | 2.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                                                                    | 2.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                                                                    | 2.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | T<br>WHITE, CAROLE<br>34741 EAGLES PEAK PLACE<br>ZEPHYRHILLS FL    | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                                                    | 3.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                                                                    | 3.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                                                                    | 3.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | VP<br>HAROLD E. WHITE<br>34741 EAGLES PEAK PLACE<br>ZEPHYRHILLS FL | 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                                                    | 4.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                                                                    | 4.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                                                                    | 4.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      |                                                                    | 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                                                    | 5.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                                                                    | 5.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                                                                    | 5.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      |                                                                    | 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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.

SIGNATURE:

*Harold E. White*

**HAROLD E WHITE 3-24-98 813-755-1001**

CR2E034 (10/97)