

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

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90136 042 ***150.00



PROFIT CORPORATION ANNUAL REPORT 1999

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

DOCUMENT # **J97543**

1. Corporation Name
THE CURRIE CORPORATION OF WALTON COUNTY



Principal Place of Business
 421 BOB MCCASKILL DR.
 DEFUNIAK SPRINGS FL 32433

Mailing Address
 421 BOB MCCASKILL DR.
 DEFUNIAK SPRINGS FL 32433

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number	Applied For
21	26	10/16/1987	59-2898842	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired		\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
23	28	<input type="checkbox"/>		
Zip	Zip	8. This corporation owes the current year Intangible Personal Property Tax.	Country	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
24	29		30	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CURRIE, N. MICHAEL 421 BOB MCCASKILL DR. DEFUNIAK SPRINGS FL 32433	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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CURRIE, N. PATRICK	1.2 NAME	
STREET ADDRESS	6811 N.W. 40TH DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32606	1.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CURRIE, N. MICHAEL	2.2 NAME	
STREET ADDRESS	421 BOB MCCASKILL DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	DEFUNIAK SPGS. FL 32433	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CURRIE, HAYNES E.	3.2 NAME	
STREET ADDRESS	17 HUGGINS DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	DEFUNIAK SPGS. FL 32433	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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, with all other like empowered.

SIGNATURE: N. Michael Currie N. MICHAEL CURRIE 4-26-99 (850) 892-9900
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)