FILE NOW: FILING	FEE AFTER	MAY	1ST	IS	\$550.00
PROFIT		FLORI	DA DEP	ARTN	MENT OF STAT

CORPORATION ANNUAL REPORT 1998

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

SIGNATURE:

City & State

11889 119TH ST. N.

LARGO FL 33778

21

22

23

24

Zip

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(7)

12025 119TH STREET NORTH

**PURVIS CURBS CORPORATION** 

Country

9. Name and Address of Current Registered Agent

25

KILGORE, JO ANN

LARGO FL 34648

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

28

29

Mailing Address

12/28/1987

59-2869501

5. Certificate of Status Desired

6. Election Campaign Financing

Personal Property Tax due June 30.

10. Name and Address of New Registered Agent

Trust Fund Contribution

4. FEI Number

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified

8. This corporation owes or has paid the current year Intangible

**FILED** 

Jan 15 1998 8:00am

Secretary of State

1-05-98 813-584-3523

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

☐ Yes

Not Applicable

11898 MURRAY AVENUE NORTH LARGO FL 34648		82	Street A	Address (P.O. Box N	lumber is Not Accep	table)				
LAI	NGO FL 34046		83							
			84	City			FL	85 Z	p Code	
11. Pursuant office or r agent, I a	to the provisions of Sections 607.0502 and 607.1508 egistered agent, or both, in the State of Fiorida. Such m familiar with, and accept the obligations of, Sectio	i, Florida Statutes, n change was auth n 607.0505, Florid	the above orized by a Statutes	-named of the corp	corporation submits oration's board of di	this statement for thirectors. I hereby ac		f changin ointment	g its reg as regis	stered tered
SIGNATURE	Signature, typed or printed name of registered agent and title if applicab	le. (NOTE, Re	gistered Age	nt signature r	equired when reinstating)		DATE			<u> </u>
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS	S/CHANGES TO OF	FICERS AND	DIRECT	ORS IN	12
TITLE	P	☐ DELETE	1.1 TITLE					Chang	е 🗀	Addition
NAME	KILGORE, HAROLD D.		1.2 NAME							:
STREET ADDRESS	11898 MURRAY AVENUE		1.3 STREET	AOORESS						1
CITY-ST-ZIP	LARGO FL		1.4 C/TY-S1	-ZIP						}
TITLE	V	DELETE	2.1 TITLE					Chang	e 🔲	Addition (
NAME	KILGORE, EARL		2.2 NAME	- 1						
STREET ADDRESS	12025 119TH STREET NORTH		2.3 STREET	ADDRESS						
CITY-ST-ZIP	LARGO FL		2. 4 CITY - S	T-ZIP			_			
TITLE	T	DELETE	3.1 TITLE					Chang	е 🔲	Addition
NAME	KILGORE, ROBIN		3.2 NAME	1						}
STREET ADDRESS	12025 119TH ST NORTH		3.3 STREET	ADDRESS						Ī
CITY-ST-ZIP	LARGO FL	ı	3.4. CITY - S	r-zip						
TITLE	S	DELETE	4.1 TITLE					Chang	е 🔲	Addition
NAME	KILGORE, JO ANN	ľ	4. 2 NAME							
STREET ADDRESS	11898 MURRAY AVENUE	]	4.3 STREET	ADDRESS						Ì
CITY-ST-ZIF	LARGO FL		4.4 CITY-\$1	-ZIP						-
TITLE		☐ DELETE	5.1 TITLE					Chang	g 🔲	Addition
NAME		I	5.2 NAME	1						
STREET ADDRESS			5.3 STREET	ADDRESS						
CITY-ST-ZIP		. <b>i</b>	5.4 CITY-ST	- ZIP						· .
TITLE		DELETE	6.1 TITLE					Chang		Addition
NAME		1	6.2 NAME	1						- 1
STREET ADDRESS		1	6.3 STREET	DDRESS						ŀ

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.

Country

30