

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 22, 1999 8:00 am**  
**Secretary of State**

04-22-1999 90019 047 \*\*\*150.00

**DOCUMENT # K54865**

1. Corporation Name

**CURTIN & PEASE/PENECO, INC.**

Principal Place of Business

**1022 MAIN STREET, SUITE A  
P.O. DRAWER 1588  
DUNEDIN FL 34698**

Mailing Address

**1022 MAIN STREET, SUITE A  
P.O. DRAWER 1588  
DUNEDIN FL 34698**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**12/30/1988**

4. FEI Number

**36-3623544**

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 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

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

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. TITLE ☐ DELETE

NAME **PD  
WILSON, ROBERT F.  
STREET ADDRESS 1022 MAIN ST., SUITE A  
CITY-ST-ZIP DUNEDIN FL**

TITLE ☐ DELETE

NAME **VSD  
VICE, PRESTON L.  
STREET ADDRESS 1100 SUPERIOR AVENUE  
CITY-ST-ZIP CLEVELAND OH**

TITLE ☐ DELETE

NAME **VD  
RAMELLA, DANIEL  
STREET ADDRESS 1100 SUPERIOR AVE  
CITY-ST-ZIP CLEVELAND OH**

TITLE ☒ DELETE

NAME **VTD  
GAUVREAU, PAUL R.  
STREET ADDRESS 200 SOUTH WACKER DRIVE, SUITE 700  
CITY-ST-ZIP CHICAGO IL**

TITLE ☐ DELETE

NAME **S  
PERRY, PAMELA E.  
STREET ADDRESS 1022 MAIN ST., SUITE A  
CITY-ST-ZIP DUNEDIN FL**

TITLE ☒ DELETE

NAME **S  
ZERMUEHLEN, WILLIAM  
STREET ADDRESS 200 S WACKER DR, SUITE 700  
CITY-ST-ZIP CHICAGO IL**

13. 1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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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: **Pamela E. Perry** Asst Secr.

04/02/99 727/736-3611

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)