

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # K91025 (2)**

1. Corporation Name

**INVENTIVE SERVICES, INC.**



Principal Place of Business

**% EDGAR W. MCCURRY, JR.  
500 SOUTH THIRD ST.  
JACKSONVILLE BEACH FL 32250**

Mailing Address

**% EDGAR W. MCCURRY, JR.  
500 SOUTH THIRD ST.  
JACKSONVILLE BEACH FL 32250**

3. Date Incorporated or Qualified  
**05/26/1989**

3a. Date of Last Report  
**04/24/1995**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number  
**59-2949001**

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**MCCURRY, EDGAR W. JR.  
500 SOUTH THIRD ST.  
JACKSONVILLE BEACH FL 32250**

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 607.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent or director, and date of signature.

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VD

**MCCURRY, JR. EDGAR W.  
500 S. 3RD ST  
JACKSONVILLE BCH FL**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VD

**STEFANSEN, PAMELA S  
500 S. THIRD STREET  
JACKSONVILLE BCH FL**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D

**MCCURRY, EDGAR W III  
500 SOUTH 3RD ST.  
JACKSONVILLE FL 32250**

☒ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

PD

**MCCURRY, JR. EDGAR W.  
500 S. 3RD ST  
JACKSONVILLE BCH FL**

☒ Change ☐ Addition

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

VDS

**STEFANSEN, PAMELA S  
500 S. THIRD STREET  
JACKSONVILLE BCH FL**

☒ Change ☐ Addition

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

☐ Change ☐ Addition

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

☐ Change ☐ Addition

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

☐ Change ☐ Addition

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

*Edgar W. McCurry, Jr.*

Edgar W. McCurry, Jr.

04/24/96

904/249-3355

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)