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Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

PROFIT

CORPORATION

Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 **DIVISION OF CORPORATIONS DOCUMENT #**1. Corporation Name (8) T. L. CURRY ENTERPRISES INC. Principal Place of Business Mailing Address % TERRY L. CURRY * TERRY L. CURRY 4381 HILL DRIVE 4381 HILL DRIVE DO NOT WRITE IN THIS SPACE FT MYERS FL 33901 FT MYERS FL 33901 3. Date Incorporated or Qualified 05/21/1990 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 65-0189020 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired M Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes 30 Personal Property Tax due June 30. 24 25 29 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CURRY, TERRY L. 4381 HILL DRIVE Street Address (P.O. Box Number is Not Acceptable) FT MYERS FL 33901 В3 84 City 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. 4-8-58 SIGNATURE OFFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 1.1 TITLE TITLE DELETE ☐ Change ☐ Addition CURRY, TERRY L. NAME 12 NAME 4381 HILL DRIVE STREET ADDRESS 1.3 STREET ADDRESS FT MYERS FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition Change 2.1 TITLE TITLE DVS CURRY, F. JEAN NAME 2.2 NAME 4381 HILL DRIVE STREET ADDRESS 2.3 STREET ADDRESS FT MYERS FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE ___ Change Addition TITLE 3.1 TITLE 32 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Addition 4.1 TITLE Change 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE ☐ Change Addition 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY - ST - ZIP 14. Thereby certify that the information supplied with this fiting 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

FLORIDA DEPARTMENT OF STATE

FILED

Apr 16 1998 8:00am

941-275-1728

4-8-92