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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

DOCUMENT # **M64756**

1. Corporation Name

CITY-ST-ZIP

CURRY AND SONS DEVELOPMENT CORP., INC.

Principal Place of Business Mailing Address					\$ 100 100; to a citt orall 1000; attending)) B(8() B(B) B(8()	JIW JI W 1841 1881
3450 EAGLE AVE. KEY WEST FL 33040 US		3450 EAGLE AVE. KEY WEST FL 33040 US		DO NOT WRITE IN T	HIS SPACE		
				_	 Date Incorporated or Qualifed 12/29/1987 		
Principal Place of Business 2a. Mailing Address					4. FEI Number	Ar	pplied For
21					65-0026397	No	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	27		5. Certifcate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country	Zip	ountry	/	8. This corporation owes the current year	_	-
24		29 30			Personal Property Tax.	□Yes	XINo
Name and Address of Current Registered Agent				T	10. Name and Address of New Register	ed Agent	
CLID	DV COTT A		81	Name			
CURRY, SCOTT A.			82	Street Ad	Idress (P.O. Box Number is Not Acceptable)		
3201 FLAGLER AVE SUITE 504-505			L				
		83	3				
KEY	WEST FL 33040		84	City		85 Zip	Code
			- [1		- L	
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					ured when reinstating) DATE	2	
40	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE: Registe		nt signature requ	urred when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS		ORS IN 12
12.	D OFFICERS AN		TITLE		ADDITIONS/OFFICE TO OFFICE	Change	Addition
TITLE	CURRY, CHARLES P., JR.		NAME			_ ,	_
NAME	3450 EAGLE AVE.			T 4000000			
STREET ADDRESS	-			TADORESS			
CITY-ST-ZIP	KEY WEST FL		CITY-S	iT-ZIP		Change	Addition
TITLE	D CURRY FUZARETY A	— -	TMLE			[_] ondingo	
NAME	CURRY, ELIZABETH A.		NAME				
STREET ADDRESS	3450 EAGLE AVE.	2.3	STREE	TADDRESS			ł
CITY-ST-ZIP	KEY WEST FL		CITY-	ST-ZIP		Change	☐ Addition
TITLE	D	☐ DELETE 3.1 T				☐ Criange	Addition
NAME	CURRY, SCOTT A.		NAME				ļ
STREET ADDRESS	3450 EAGLE AVE.			TADDRESS			
CITY-ST-ZIP			. CITY-:	ST-ZIP		Charac	- Addition
TITLE	D	DELETE 4.º	TITLE			Change	Addition
NAME	CURRY, C. MICHAEL	4.	2 NAME				
STREET ADDRESS		4.3	STREE	TADDRESS			
CITY-ST-ZIP	GAINESVILLE FL 32653		CITY-S	ST-ZIP			
TITLE			TITLE			Change	Addition
NAME		1	NAME				
STREET ADDRESS				TADDRESS			
CITY-ST-ZIP			CITY-S	ST- ZIP			
TITLE		_ Decere	TITLE			☐ Change	Addition
NAME		6.2	NAME				
STREET ADDRESS	1	6.3	STREE	TADDRESS			,

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. 305

6.4 CITY-ST-ZIP