

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
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90131 008 ***150.00

DOCUMENT # P93000000075

1. Corporation Name

CURRY'S TOWING & RECOVERY, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business

17598 ROCKEFELLER CIR SE
#201
FT MYERS FL 33912
US

Mailing Address

17598 ROCKEFELLER CIR SE
#201
FT MYERS FL 33912
US

2. Principal Place of Business

21 **17525 Rockefeller Ci.**

2a. Mailing Address

26 **17525 Rockefeller Ci.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 **Fort Myers, FL**

City & State

28 **Fort Myers, FL**

Zip

24 **33912**

Country

Zip

29 **33912**

Country

30

3. Date Incorporated or Qualified

12/31/1992

4. FEI Number

65-0382231

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

9. Name and Address of Current Registered Agent

CURRY, JUDY L
17598 ROCKEFELLER CIR SE #201
FT MYERS FL 33912

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

17525 Rockefeller Ci.

83

84 City

Fort Myers

FL

85

Zip Code

33912

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

12. OFFICERS AND DIRECTORS

TITLE **ST** ☐ DELETE

NAME **CURRY, ROBERT C**
STREET ADDRESS **17598 ROCKEFELLER CIR SE #201**
CITY-ST-ZIP **FORT MYERS FL 33912**

TITLE **P** ☐ DELETE

NAME **CURRY, JUDY**
STREET ADDRESS **17598 ROCKEFELLER CIR SE #201**
CITY-ST-ZIP **FORT MYERS FL 33912**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

17525 Rockefeller Ci.
Fort Myers, FL 33912

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

17525 Rockefeller Ci.
Fort Myers, FL 33912

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

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:

Judy L Curry
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/99
Date

941 481 0077
Daytime Phone #

CR2E034 (11/98)