


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Feb 06 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # P94000015082 (8)

1. Corporation Name

CURB CREATION OF FLORIDA, INC.

Principal Place of Business

Mailing Address

10352 HENDERSON ST.  
SPRING HILL FL 34608

10352 HENDERSON ST.  
SPRING HILL FL 34608



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/01/1994

4. FEI Number

59-3227477

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 or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes

☒ No

2. Principal Place of Business

21 1645 WINDY PINES DR

Suite, Apt. #, etc.

22 5

City & State

23 NAPLES FL

Zip

24 34112

Country

25 COLLIER

2a. Mailing Address

26 1645 WINDY PINES DR

Suite, Apt. #, etc.

27 5

City & State

28 NAPLES FL

Zip

29 34112

Country

30 COLLIER

9. Name and Address of Current Registered Agent

TOMBLIN, EDWARD  
10352 HENDERSON ST.  
SPRING HILL FL 34608

10. Name and Address of New Registered Agent

81 Name

TOMBLIN, EDWARD

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

1645 WINDY PINES DR

83

#5

84 City

NAPLES

FL

85 Zip Code

34112

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 PRES ☐ DELETE

NAME EDWARD TOMBLIN  
STREET ADDRESS 10352 HENDERSON STREET  
CITY-ST-ZIP SPRING HILL FL

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

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P V S T ☐ Change ☐ Addition

1.2 NAME EDWARD TOMBLIN  
1.3 STREET ADDRESS 1645 WINDY PINES DR #5  
1.4 CITY-ST-ZIP NAPLES FL 34112

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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.

SIGNATURE

Edward Tomblin 2.8.98

CR2E034 (10/97)