

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000015354 (1)

1. Corporation Name

CURB APPEAL, INC.



Principal Place of Business

Mailing Address

1147 CACTUS CUT LN
MIDDLEBURG FL 32068

1147 CACTUS CUT LN
MIDDLEBURG FL 32068

2. Principal Place of Business

2a. Mailing Address

21 2121 BURWICK AVE

26 2121 BURWICK AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 APT 706

27 APT 706

City & State

City & State

23 ORANGE PARK, FL

28 ORANGE PARK, FL

Zip

Zip

Country

Country

24 32073

25 CLAY

29 32073

30 CLAY

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

02/21/1994

3a. Date of Last Report

04/11/1995

4. FEI Number

59-3229504

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

10. Name and Address of New Registered Agent

LUMPIESZ, EDWARD S
1147 CACTUS CUT LN
MIDDLEBURG FL 32068

81 Name

LUMPIESZ EDWARD S

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

2121 BURWICK AVE APT 706

83

84 City

ORANGE PARK

FL

85 Zip Code

32073

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

Edward Lumpiesz EDWARD LUMPIESZ

1/24/96

Signature, typed or printed name of registered agent, and date of filing

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
D LUMPIESZ, EDWARD S
STREET ADDRESS
1147 CACTUS CUT LN
CITY- ST- ZIP
MIDDLEBURG FL 32068

TITLE ☒ DELETE

NAME
D STYLES, HOMER D JR
STREET ADDRESS
642 WATLING LN
CITY- ST- ZIP
JACKSONVILLE FL 32221

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
LUMPIESZ EDWARD S
1.3 STREET ADDRESS
2121 BURWICK AVE APT 706
1.4 CITY- ST- ZIP
ORANGE PARK, FL 32073

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME
D KENNETH E. COOK
2.3 STREET ADDRESS
236 HONEYSUCKLE WAY
2.4 CITY- ST- ZIP
FRUIT COVE, FL 32259

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 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:

Edward Lumpiesz EDWARD LUMPIESZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/96 904 276 4770

Date

Daytime Phone #

CR2E034 (12/95)