

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -3 PM 4:28

DOCUMENT # P94000016685 (7)

1. Corporation Name

CURETON & ASSOCIATES, INC.

Principal Place of Business

2737 CAPITAL CIRCLE NE
TALLAHASSEE FL 32308

Mailing Address

2737 CAPITAL CIRCLE NE
TALLAHASSEE FL 32308

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/03/1994

3a. Date of Last Report

4. FEI Number

59-3228397

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

CURETON, PAUL T
2737 CAPITAL CIRCLE NE
TALLAHASSEE FL 32308

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 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.

SIGNATURE

Signature (Typed or printed name of registered agent and fee if applicable)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE President/ Chairman
NAME Paul T. Cureton
STREET ADDRESS 2737-C Capital Cir. N.E.
CITY- ST- ZIP Tallahassee, Florida 32308

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Vicepresident/Director ☐ Change ☒ Addition
1.2 NAME Betty E. Cureton
1.3 STREET ADDRESS 3303 Thomasville Rd #201
1.4 CITY- ST- ZIP Tallahassee, Florida 32312

2.1 TITLE Treasure/Director ☐ Change ☒ Addition
2.2 NAME Bryan H. Cureton
2.3 STREET ADDRESS 1106 Albritton Dr
2.4 CITY- ST- ZIP Tallahassee, Fl. 32301

3.1 TITLE Sec./Director ☐ Change ☒ Addition
3.2 NAME Brady A. Cureton
3.3 STREET ADDRESS 6023 Ox Bottom Manor Dr
3.4 CITY- ST- ZIP Tallahassee, Fl. 32312

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)(b), Florida Statutes. I further certify that the information indicated on this statement 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 addition with an address.

SIGNATURE:

(Signature of Paul T. Cureton)

PAUL T. CURETON

3/30/95 (204) 366-8707