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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

P94000026087 (4)

DOCUMENT #

1. Corporation Name

GARY W. CURRY, INC.

Principal Place of Business

Mailing Address



4761 LARK RIDGE CIR SARASOTA FL 34233			4761 LARK RIDGE CIR SARASOTA FL 34233								
							-	3. Date Incorporated or Qualified 04/06/1994		te of Last R 05/01/19	
2. Principal Plac	ce of Business	2a. Mailing A	Address					4. FEI Number			Applied For
21		26						65-0478749			Not Applicable
Suite, Apt. #.	elc	Suite, Ap	Suite, Apit. #, etc. 27					5. Certificate of Status Desired	×		Additional Required
City & State		City & Si	tate					6. Election Campaign Financing Trust Fund Contribution			0 May Be d to Fees
Zip	Country	Zφ		Cc	untry			8. This corporation has liability f		tax under s	199.032,
24	25	29		30			Ĺ	Tromac elements	es 🔣 No	d 6 00 01	
	9. Name and Address of Currer	nt Registered Ag	ent		81	Name		10. Name and Address of Nev	/ Registere	a Ageni	
CURRY, 4761 LA	gary w RK Ridge Cir				82	Street A	Address	₃ (P.O. Box Number is Not Accep	table)		
	TA FL 34233				83						
					84	City			F	L 85 Z	p Code
familiar with SIGNATURE	diagent, or both, in the State of Flori i, and accept the obligations of, Sect	tion 607.0505, Flo	orida Statutes.						DATE		
12.	OFFICERS AN	D DIRECTORS		13				ADDITIONS/CHANGES 10 C	FFICERS A		
TITLE	CSTD) DELETE	1 1	TITLE			V		Cnange	Addition
NAME	CURRY, GARY W				NAME	ļ	CUR	A4, GARY W II.			
STREET ADDRESS	4761 LARK RIDGE CIR			13	SIREEL	ADDRESS -		12/15 67A /C 3/123			
CITY - ST - ZIP	SARASOTA FL 34233		2.051.516		CITY - S	T- ZIP	24	11/15 07 M PC 3743		CT Crass	☐ Addition
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CITY - ST - ZIP				3 4	CHY-S	1-206					
TIFLE		<u> </u>] DELETE	4	TITLE					Change	Addition
NAME				4.2	NAME						
STREET ADDRESS				4 3	STREET	ADDRESS					
CITY-ST-ZIF			3.55.536		C In -S	T - Z:P	ļ				(Addition
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STREET ADDRESS				•		ACORESS					
CITY+ST-ZIP TITLE) DELETE		CITY S LITITLE	11-211				Change	☐ Addition
NAME		<u> </u>		- 6	NAME	l	 				_
STREET ADDRESS						ADDRESS	1				
CITY-ST-ZIP	n			- 1	CHY-S						
14. 1 do hereb	y cer ify that the information surply of	with this filing is	ounjarily furnis	hed ac	d doe	s not qua	alify for	the exemption stated in Section :	19.07(3)(k),	Florida Stati	ites. I further
certify that oath; that	the information indicated by this and I am an officer or directs, of the com-	nual report or support oration or the rece on an attachment	olemental annu eiger or trustee	al repor empoy	t is tru	ue and ac	ccurate	and that my signature shall have report as required by Chapter 907	the same le	gal effect as	if made under
SIGNAT	URE: SIGNATURE AND TYPE	OR PRINTED NAME OF	SIGNING OFFICER	AL DER	ECTOR	/ 		3/10/9	6 99	11/300	1456