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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000049536 (2)**

1. Corporation Name

CURRY'S SERVICE INC.

Principal Place of Business	Mailing Address
~~451 MONUMENT RD #1006~~ ~~JACKSONVILLE FL 32225~~ 12890 WINGED ELM DR. N. JACKSONVILLE FL 32246	~~451 MONUMENT RD #1006~~ ~~JACKSONVILLE FL 32225~~

3. Date Incorporated or Qualified: 06/26/1995
3a. Date of Last Report: N/A

2. Principal Place of Business	2a. Mailing Address
21 12890 WINGED ELM DR N.	26 12890 WINGED ELM DR. N.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 JACKSONVILLE FL	City & State 28 JACKSONVILLE FL
Zip 24 32246	Zip 29 32246
Country 25 DUVAL FL	Country 30 DUVAL

4. FEI Number: 59-3321101 — ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CURRY, DICKIE L ~~451 MONUMENT RD #1006~~ ~~JACKSONVILLE FL 32225~~	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 12890 WINGED ELM DR. N. 83 84 City: JACKSONVILLE FL 85 Zip Code: 32246

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] DICKIE L. CURRY PRESIDENT 4/24/96
(Signature, Typed or printed name of Registered Agent and Title if applicable) (Note: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CURRY, DICKIE L ~~451 MONUMENT RD #1006~~ ~~JACKSONVILLE FL 32225~~	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	P/T DICKIE L. CURRY 12890 WINGED ELM DR. N. JACKSONVILLE FL 32246	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CURRY, MICHELLE R ~~451 MONUMENT RD #1006~~ ~~JACKSONVILLE FL 32225~~	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VP/S MICHELLE R. CURRY 12890 WINGED ELM DR N. JACKSONVILLE FL 32246	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

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)(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: [signature] DICKIE L. CURRY 4/25/96 904 228-3485
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #