

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 03, 1999 8:00 am  
Secretary of State

05-03-1999 90010 040 \*\*\*158.75

DOCUMENT # P95000061331

1. Corporation Name  
CURTIS ELECTRIC CO, INC.

Principal Place of Business  
5242 GALLIVER CUTOFF RD  
BAKER FL 32531  
US

Mailing Address  
P.O. BOX 401  
BAKER FL 32531  
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/07/1995

4. FEI Number  
59-3327754

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be  
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 5242 Galliver Cutoff Rd.

26 P.O. BOX 67

22 Suite, Apt. #, etc.  
BAKER, FL.

27 Suite, Apt. #, etc.  
BAKER, FL.

23 32531 US  
City & State  
Zip Country

28 32531 US  
City & State  
Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

ALLEN, RALPH E  
1121 LIGHTHOUSE CHURCH RD  
BAKER FL 32531

10. Name and Address of New Registered Agent

81 Name THOMAS J. BARROW  
82 Street Address (P.O. Box Number is Not Acceptable)  
1704  
83 COBB RD.  
84 City BAKER FL 85 Zip Code 32531

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 THOMAS J. BARROW THOMAS J. BARROW 3-29-99  
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 VP ☒ DELETE  
NAME WILLIAM EVERETT CURTIS  
STREET ADDRESS 5242 GALLIVER CUTOFF RD  
CITY-ST-ZIP BAKER FL

TITLE P ☒ DELETE  
NAME RALPH E. ALLEN  
STREET ADDRESS 1121 LIGHTHOUSE CHURCH RD  
CITY-ST-ZIP BAKER FL

TITLE ST ☐ DELETE  
NAME THOMAS J. BARROW  
STREET ADDRESS 1752 COBB RD  
CITY-ST-ZIP BAKER FL 32531

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 ☒ Change ☐ Addition  
1.2 NAME THOMAS J. BARROW  
1.3 STREET ADDRESS 1704 COBB RD.  
1.4 CITY-ST-ZIP BAKER, FL. 32531

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, with all other like empowered.

SIGNATURE: THOMAS J. BARROW  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-29-99 888-860-0510  
Date Daytime Phone #

CR2E034 (1/198)