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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Merthakt 🤚

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000025210 (0)

## **GEORGIA-CURY CORPORATION**

## **FILED** Feb 20 1998 8:00am Secretary of State



| Fillicipal Flace of busiliess   |  | Maining Address                         |  |   |  |  |
|---|--|---|--|---|--|--|
| 4435 EMERSON 8T<br>JACKSONVILLE FL 32207  |  | 4435 EMERSON ST<br>JACKSONVILLE FL 322  | 4435 EMERSON ST<br>JACKSONVILLE FL 32207 |   |  |  |
|   | · <b>-</b> · · - ·                               | *************************************** | •  |   | DO NOT WRITE IN THIS SPACE                                       |  |
|   |  |   |  |   | 3. Date incorporated or Qualified                                |  |
|   |  |   |  |   | 03/20/1997   |  |
| 2. Principal Place of Business 2a, Mailing Address  |  |   |  | ,   | 4. FEI Number Applied For  |  |
| 21  |  | 26                                      |  |   | 59-3433506 Not Applicable  |  |
| Suite, Apt. #, etc. Suite, Apt  |  |   | pt. #, etc.                              |   | S8 75 Additional   |  |
| 22  |  |   |  |   | 5. Certificate of Status Desired Fee Required                    |  |
| City & State City & State   |  |   |  |   | 6. Election Campaign Financing \$5.00 May Be                     |  |
| 23 28   |  |   |  | Trust Fund Contribution Add                           |  |  |
| Zip   | Country  | Zip                                     | Country                                  |   | 8. This corporation owes or has paid the current year Intangible |  |
| 24  | 25   | 29                                      | 30                                       |   | Personal Property Tax due June 30.  Yes  No                      |  |
|   | g. Name and Address of Curr                      | ent Registered Agent                    |  |   | 10. Name and Address of New Registered Agent                     |  |
| CU  | RY, PHILLIP H                                    |   | 81                                       | Name  |  |  |
| A49E EMEDOON OT   |  |   | 82                                       | 82 Street Address (P.O. Box Number is Not Acceptable) |  |  |
| JACKSONVILLE FL 32207   |  |   | 02                                       | 3000 AC   | duress (F.O. Dox Hurrice) is Not Acceptable)                     |  |
| •   |  |   | 83                                       |   |  |  |
|   |  |   |  |   |  |  |
|   |  |   | 84                                       | City  | FL   85   Zip Code   |  |
| 11. Pursuant t  | to the provisions of Sections 607.05             | 502 and 607,1508, Florida Stati         | utes, the above                          | e-named co  |  |  |
| 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. |  |   |  |   |  |  |
|   | in familiar with, and accept the obli            | gations of Section bur Jous, r          | Tionoa Statutes                          | š.  |  |  |
| SIGNATURE   | Signature, typed or printed name of registered a | cont and title if applicable (NC        | NE: Registered And                       | nt eigneture re-                                      | equired when reinstating) DATE                                   |  |
| 12.   |  | ND DIRECTORS                            | 13.                                      | THE GREAT COLOR OF THE                                | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12                |  |
| TITLE   | D  | DELETE                                  | 1.1 TITLE                                | Į   | Change Addition  |  |
| NAME  | CURY, PHILLIP H                                  | _                                       | 1.2 NAME                                 | ľ   |  |  |
| STREET ADDRESS  | 4435 EMERSON ST                                  |   | 1.3 STREET                               | ADDRESS   |  |  |
| CATY-ST-ZIP   | JACKSONVILLE FL 32207                            |   | 1.4 CITY - S                             |   |  |  |
| TITLE   | D  | ☐ DELETE                                | 2.1 TITLE                                | 1 - <u>L</u> IF                                       | ☐ Change ☐ Addition  |  |
| NAME  | CURY, NEAL GENE JR                               |   |  |   |  |  |
| STREET ADDRESS  | 799 COUGHLIN GLEN                                |   |  | 1000000   |  |  |
|   | DENO NIV 00500                                   |   | 2.3 STREET                               |   |  |  |
| CITY-ST-ZIP   | 112110 111 03308                                 | DELETE                                  | 2. 4 CITY - S                            | 1-ZIP   | Change Addition  |  |
| TITLE   |  | Diccie                                  | 3.1 TITLE                                |   | Change D Addition  |  |
| NAME  |  |   | 3.2 NAME                                 |   |  |  |
| STREET ADDRESS  |  |   | 3.3 STREET                               |   |  |  |
| CITY-ST-ZIP   |  | Dr. crc                                 | 3.4. CITY - S                            | T-ZIP   |  |  |
| TITLE   |  | ☐ DELETE                                | 4,1 TITLE                                |   | Change  Addition   |  |
| NAME  |  |   | 4. 2 NAME                                | 1   |  |  |
| STREET ADDRESS  |  |   | 4.3 STREET                               | ADDRESS   |  |  |
| CITY-ST-ZIP   | ····   |   | 4.4 CiTY-S                               | r-ZIP   |  |  |
| TITLE   |  | ☐ DELETE                                | 5.1 TITLE                                |   | ☐ Change ☐ Addition  |  |
| NAME  |  |   | 5.2 NAME                                 |   |  |  |
| STREET ADDRESS  |  |   | 5.3 STREET                               | address   |  |  |
| CITY-ST-ZIP   |  |   | 5.4 CITY-S                               | r- <b>z</b> iP  |  |  |
| TITLE   |  | DELETE                                  | 6.1 TITLE                                |   | Change Addition  |  |
| NAME  |  |   | 6.2 NAME                                 |   | 1  |  |
| STREET ADDRESS  |  |   | 6.3 STREET                               | ADDRESS   |  |  |
| CITY-ST-ZIP   |  |   | 6.4 CITY - S                             |   |  |  |
|   |  |   | 0  |   |  |  |

14. 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.