

DOCUMENT # P97000025210

1. Entity Name  
GEORGIA-CURY CORPORATION

Principal Place of Business      Mailing Address  
4435 EMERSON ST      4435 EMERSON ST  
JACKSONVILLE FL 32207      JACKSONVILLE FL 32207

2. Principal Place of Business      3. Mailing Address  
  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
  
City & State      City & State  
  
Zip      Country      Zip      Country

6. Name and Address of Current Registered Agent  
  
CURY, PHILLIP H  
4435 EMERSON ST  
JACKSONVILLE FL 32207

7. Name and Address of New Registered Agent  
  
Name  
  
Street Address (P.O. Box Number is Not Acceptable)  
  
  
City      FL      Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)      DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> Delete
NAME	CURY, PHILLIP H
STREET ADDRESS	4435 EMERSON ST
CITY-ST-ZIP	JACKSONVILLE FL 32207
TITLE	<input type="checkbox"/> Delete
NAME	CURY, NEAL GENE JR
STREET ADDRESS	4435 EMERSON ST.
CITY-ST-ZIP	JACKSONVILLE FL 32207
TITLE	<input type="checkbox"/> Delete
NAME	AS
STREET ADDRESS	CURRY, RONNIE
CITY-ST-ZIP	4435 EMERSON CT JACKSONVILLE FL 32209
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AS
STREET ADDRESS	Cury Renee
CITY-ST-ZIP	4435 Emerson St. Jax, FL 32207
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Renee Cury      1-4-01      (904) 396-5950  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

**FILED**  
**Jan 09, 2001 8:00 am**  
**Secretary of State**

01-09-2001 90048 027 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3433506**      Applied For ☐ Not Applicable ☐

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

CR2E034 (10/00)