FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -3 PM 5:13

DOCUMENT # **S86309** **(9)**

1. Corporation Name
CURTIS CLABURN CORP.

Principal Place of Business	Mailing Address
POST OFFICE BOX 1044 LAKELAND FL 33802-1044	POST OFFICE BOX 1044 LAKELAND FL 33802-1044

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/09/1991
3a. Date of Last Report: 08/23/1994

2. Principal Place of Business
21: 204 E Pine St
22: Suite, Apt. #, etc.
23: City & State: Lakeland Fl
24: Zip: 33801 25: Country: USA

2a. Mailing Address
26:
27: Suite, Apt. #, etc.
28: City & State
29: Zip 30: Country

4. FEI Number: 59-3142174 ☐ 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

COUCH, SANDRA
204 E. PINE ST.
LAKELAND FL 33802-1044

10. Name and Address of New Registered Agent

81 Name: Hill, Walter C
82 Street Address (P.O. Box Number is Not Acceptable): 204 E Pine St
83:
84 City: Lakeland, FL 85 Zip Code: 33801

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: Walter C. Hill, Pres 3/24/95
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	PD	1.1 TITLE	PD ☒ Change ☐ Addition
NAME	COUCH, SANDRA	1.2 NAME	Hill, Walter C.
STREET ADDRESS	1034 HELENA LANE	1.3 STREET ADDRESS	204 E Pine St
CITY-ST-ZIP	LAKELAND FL 33803	1.4 CITY-ST-ZIP	Lakeland, Fl 33801
TITLE	VPDS	2.1 TITLE	☐ Change ☐ Addition
NAME	HILL, FRANKLIN S	2.2 NAME	
STREET ADDRESS	1702 #7 E. GARY RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33801	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: 3/24/95 8136838508
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Walter C. Hill, Pres

0816043 CP