SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 DOCUMENT # GARLAND & GARLAND, INC. Principal Place of Business Mailing Address 3490 ENTERPRISE AVE 3490 ENTERPRISE AVE NAPLES FL 33942 NAPLES FL 33942 3a. Date of Last Report 3. Date Incorporated or Qualified 12/27/1967 4. FEI Number 04/24/1995 Applied For 2. Principal Place of Business 2a. Mailing Address Not Applicable 26 59-1201102 21 \$8,75 Additional Suite, Apt. #, etc. Suite, Apt #, etc 5. Certificate of Status Desired Fee Required 27 22 City & State 6. Election Campaign Financing \$5.00 May Be City & State Trust Fund Contribution Added to Fees 23 28 Country 8. This corporation has liability for intangible tax under s. 199.032, Žin Country Yes No Fiorida Statutes 25 29 30 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 GARLAND, W R Street Address (P.O. Box Number is Not Acceptable) 2630 70 ST SW NAPLES, FL 83 33999 Zip Code 84 City 85 31. 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 (NOTE: Requirered Agorit signature required when rometaning) DATE Signature 1, percent production and registered agent and the diapple able ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/8) OF LICERS AND DIRECTORS 13. 12. DELETE 1.1 TULE TiTLE CR2E034 1.2 NAMÉ NAME GARLAND, W R 13 STREET ADDRESS STREET ADDRESS 2630 70 ST SW 1.4 CITY - ST - ZIP CITY-ST-ZIP NAPLES, FL 00000 Change Addition DELETE 2.1 TITLE TITLE 2.2 NAME NAME GARLAND, A R 2.3 STREET ADDRESS STREET ADDRESS 2630 70TH ST SW 2 4 CITY - ST - ZIP CITY-ST-ZIP NAPLES, FL 00000 Change Addition DELETE 3.1 TITLE TITLE 3 2 NAME NAME GARLAND, LM 3.3 STREET ADDRESS STREET ADDRESS 3220 70 ST SW 34 CHY-ST-7/P CITY-ST-ZIP NAPLES FL Change Addition DELETE 4.1 HILE TITLE 4 2 NAME NAME PETERSON, RAYMOND W. STREET ADDRESS 4.3 STREET ACCIDESS 2846 WEEKS AVE. 000001891660 -07/12/96--01004--046 th ***225.00 4.4 CITY - S.L. ZIP CITY-ST-ZIP NAPLES FL 51 TIFLE DELETE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 CITY - ST - ZIP CITY-ST-ZIP Addition DELETE 61 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - \$1 - ZIP CHY-SI-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)(k). 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 trusted empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attractment with an address.

NING OFFICER OR DIRECTOR

that my name appears in Block 12 or

SIGNATURE: