## 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 Feb 19, 1999 8:00 am Secretary of State 02-19-1999 90078 026 \*\*\*150.00

i. Corporatio	MENT # K48995 GARNER GRAVES, INC.				. —		
Principal Plac	e of Business	Mailing Ad	dress				R TOOLBYIN ALL BEADY HOUSE TOLD TOLD TOLD BY
•							
499 N ST RD 434							
	PRINGS FL 32714	ALTAMONTE SPRINGS FL 32714					DO NOT WRITE IN THIS SPACE
US		US					3. Date Incorporated or Qualifed
							12/05/1988
2. Principal F	Place of Business	2a. Mailing Address					4. FEI Number Applied For
21		26					<b>59-2927739</b> Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					5. Certificate of Status Desired   \$8.75 Additional
22		27					Fee Required
City & Stat	te	City & State					6. Election Campaign Financing \$5.00 May Be
23		28					Trust Fund Contribution Added to Fees
Zip	Country	Zip	, L	Coun	try		8. This corporation owes the current year Intangible
24	25	29		30			Personal Property Tax. Yes No
<del></del>	9. Name and Address of Current	t Registered A	gent	- 1,	81	Name	10. Name and Address of New Registered Agent
HOL	LINGSWORTH, GEORGE R II			'	,	Name	
499 N ST RD 434				[8	B2	Street A	Address (P.O. Box Number is Not Acceptable)
	E 2179		8:				
	AMONTE SPRINGS FL 32714				93		
, , ,				1	B4	City	FL 85 Zip Code
office or i	registered agent, or both, in the State of im familiar with, and accept the obligat Signature, typed or printed name of registered agent	of Florida. Such ions of, Section	change was au 607.0505, Flori	thorized I da Statut	by t es.	the corpor	corporation submits this statement for the purpose of changing its registered pration's board of directors. I hereby accept the appointment as registered equired when reinstating)
12.	OFFICERS ANI	D DIRECTORS		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP		☐ DELETE	ובדוד 1.1	E		☐ Change ☐ Addition ☐
NAME	MOORE, B. J.			1.2 NAM	Œ		
STREET ADDRESS				1.3 STR	EET	ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL			1.4 CITY	-ST	- ZIP	
TITLE	DV		☐ DELETE	2.1 TTL	E	-	☐ Change ☐ Addition
NAME	GARNER, JOHN MICHAEL			2.2 NAM	E	1	
STREET ADDRESS				2.3 STR	EET,	ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL			2. 4 CIT	Y-ST	-ZIP	
TITLE	STD		☐ DELETE	3.1 TITL	E		☐ Change ☐ Addition
NAME	HOLLINGSWORTH, GEORGE R	1		3.2 NAM	E		
STREET ADDRESS				3.3 STR	EET,	ADDRESS	İ
CITY-ST-ZIP	ALTAMONTE SPRINGS FL			3.4. CITY	Y-ST	- ZIP	
TITLE			DELETE	4.1 TITL!	Ε		☐ Change ☐ Addition
NAME				4. 2 NAM	Æ		
STREET ADDRESS				4.3 STRI	EET/	ADDRESS	
CITY-ST-ZIP			_	4.4 CITY	-ST-	-ZIP	
TITLE			☐ DELETE	5.1 TITU			☐ Change ☐ Addition }
NAME				5.2 NAM			1
STREET ADDRESS				5.3 STRI	EET/	ADDRESS	1
CITY-ST-ZIP				5.4 CITY		ZIP	
TITLE			☐ DELETE	6.1 TITLE	E		☐ Change ☐ Addition
NAME				6.2 NAM	E		
STREET ADDRESS				6.3 STR	EET/	ADDRESS	
CITY OF TID				64 CITY	- ST-	.7ID	

supplied with this filing toes not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information upplemental activation is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an an arrive receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in I hereby certify that the information indicated on this annual report or a officer or director of the corpora Block 12 or Block 13 if change

SIGNATURE:

407-862-9560