## 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

## **DOCUMENT # P13561**

BRH-GARVER, INC.

Mailing Address

Principal Place of Business

5402 LAWNDALE

## **FILED** Jan 23, 1999 8:00am **Secretary of State**

01-23-1999 90013 046 \*\*\*150.00



5402 LAWNDALE HOUSTON TX 77023 HOUSTON TX 77023 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 03/10/1987 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 74-1716860 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certifcate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes the current year Intangible ☑No 24 29 30 ☐ Yes Personal Property Tax. 9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM** 1200 S. PINE ISLAND ROAD PLANTATION FL 33324

	10. Name and Address of New Registered Agent							
81	Name							
82	Street Address (P.O. Box Number is Not Acceptable)							
83	1							
84	City 85 Zip Code							

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 a	m lamiliar with, and accept the obligations of, Sect	on 607.0305, Flond	da Statutes.		
SIGNATURE	Signature, typed or printed name of registered agent and title if applica-	able (NOTE D	legistered Agent signature rec	outrad when reliabilities	DATE
12.	OFFICERS AND DIRECTOR		13.	The state of the s	FICERS AND DIRECTORS IN 12
ntle	PD	DELETE	1.1 TITLE	1.34	Change Addit
VAME	GARVER, C.M.		1.2 NAME	• *	2 , 2
STREET ADDRESS	5402 LAWNDALE		1.3 STREET ADORESS		
CITY-ST-ZIP	HOUSTON TX		1.4 CITY-ST-ZIP		
MILE	ST	☐ DELETE	2.1 TITLE		Change Addit
NAME	GULAR, FRED		2.2 NAME		_ , _
STREET ADDRESS	5402 LAWNDALE		2.3 STREET ADDRESS		
CITY-ST-ZIP	HOUSTON TX		2. 4 CITY-ST-ZIP		
TITLE	D	DELETE	3.1 TITLE		☐ Change ☐ Addit
IAME	GARVER, C.A.		3.2 NAME		
TREET ADDRESS	2911 S.E. 17TH STREET		3.3 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL		3.4. CITY-ST-ZIP		
₹TLE		☐ DELETE	4.1 TITLE	``.	☐ Change ☐ Additi
IAME .			4. 2 NAME		
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IAME			5.2 NAME		
TREET ADDRESS			5.3 STREET ADDRESS		•
CITY-ST-ZIP	3D		5.4 CITY-ST-ZIP		
TILE	190 3 4 4	☐ DELETE	6.1 TITLE		☐ Change ☐ Additi
IAME	A Children		6.2 NAME		
TREET ADDRESS			6.3 STREET ADDRESS		
	$\mathcal{F}_{i,j}$		<b>5</b>		

14. 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 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 changes, or on an affective of the corporation of the receiver of trustee empowered.

SIGNATURE:

6713) 921-2929