

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F94000000115 (5)

1. Corporation Name

J C GARET INC

Principal Place of Business

2471 CORAL ST.
VISTA CA 92083

Mailing Address

2471 CORAL ST.
VISTA CA 92083



2. Principal Place of Business

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

01/10/1994

3a. Date of Last Report

04/25/1995

4. FEI Number

95-1861230

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

C T 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

84 City

FL

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 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE C ☐ DELETE

NAME ROBINSON, JOSEPH W
STREET ADDRESS 2471 CORAL ST.
CITY- ST- ZIP VISTA CA

TITLE P ☐ DELETE

NAME ROBINSON, MARK M
STREET ADDRESS 1987 SPANISH OAK
CITY- ST- ZIP VISTA CA

TITLE DV ☐ DELETE

NAME FARRAR, JAMES A
STREET ADDRESS 3688 CAMINO DE LAS LOMAS
CITY- ST- ZIP VISTA CA

TITLE D ☐ DELETE

NAME FARRAR, JO C
STREET ADDRESS 3688 CAMINO DE LAS LOMAS
CITY- ST- ZIP VISTA CA

TITLE S ☐ DELETE

NAME HOAGLUND, MICHELLE
STREET ADDRESS 2232 GALVANI LANE
CITY- ST- ZIP VISTA CA

TITLE D ☐ DELETE

NAME ROBINSON, HELEN A
STREET ADDRESS 1553 PARKVIEW DR.
CITY- ST- ZIP VISTA CA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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)(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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark M. Robinson 1/24/96 (619) 598-0505

Daytime Phone #

CR2E034 (12/95)