# I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: TINA P GARRISON

Electronic Signature of Signing Officer/Director Detail

### 2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT DOCUMENT# P05000024121

Entity Name: TINA P. GARRISON, P.A.

# **Current Principal Place of Business:**

3545 LAKE JOYCE DRIVE LAND O LAKES, FL 34639

#### **Current Mailing Address:**

3545 LAKE JOYCE DRIVE LAND O LAKES. FL 34639 US

# **FEI Number: APPLIED FOR**

#### Name and Address of Current Registered Agent:

GARRISON, JOSEPH B III 3545 LAKE JOYCE DRIVE LAND O'LAKES, FL 34639 US

The above named entity submits this statement for the purpose of changing its registered office or regi

	SIGNATURE:	JOSEPH B GARRISON III		03/28/2021		
		Electronic Signature of Registered Agent			Date	
Officer/Director Detail :						
	Title F	Þ	Title	SECRETARY/TREASUER		
	Name 0	GARRISON, TINA P	Name	GARRISON, JOSEPH BARRETT	III	
	Address 3	3545 LAKE JOYCE DRIVE	Address	3545 LAKE JOYCE DRIVE		

City-State-Zip: LAND O'LAKES FL 34639

istered agent, or both, in the State of Flo	rida.
	03/28/202

Certificate of Status Desired: No

## FILED Mar 28, 2021 Secretary of State 4542875104CC

Date

03/28/2021

PRESIDENT

City-State-Zip: LAND O LAKES FL 34639