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Jan 28 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # 280952 (3)  
1. Corporation Name  
GARCIA CANNING COMPANY, INC.



Principal Place of Business Mailing Address  
4301 NORTH TRASK STREET 4301 NORTH TRASK STREET  
TAMPA FL 33614 TAMPA FL 33614

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
04/30/1964  
4. FEI Number  
59-1050322  
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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip  
24 Country 29 Country

9. Name and Address of Current Registered Agent  
SKAATES, CLAUDE  
4301 NORTH TRASK, STREET  
TAMPA FL 33614

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 |                     | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|---------------------|---|--|
| TITLE                      | PD                  | 1.1 TITLE   |  |
| NAME                       | SKAATES, CLAUDE C.  | 1.2 NAME  |  |
| STREET ADDRESS             | 15907 WILLOWDALE RD | 1.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | TAMPA FL            | 1.4 CITY-ST-ZIP                                       |  |
| TITLE                      | STD                 | 2.1 TITLE   |  |
| NAME                       | SKAATES, LYDIA      | 2.2 NAME  |  |
| STREET ADDRESS             | 4522 W. ORENT ST.   | 2.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | TAMPA FL            | 2.4 CITY-ST-ZIP                                       |  |
| TITLE                      | VD                  | 3.1 TITLE   |  |
| NAME                       | SKAATES, STEPHEN D. | 3.2 NAME  |  |
| STREET ADDRESS             | 6310 GANT ROAD      | 3.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | TAMPA FL            | 3.4 CITY-ST-ZIP                                       |  |
| TITLE                      | VD                  | 4.1 TITLE   |  |
| NAME                       | SKAATES, ROBERT W.  | 4.2 NAME  |  |
| STREET ADDRESS             | 4522 W. ORENT ST.   | 4.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | TAMPA FL            | 4.4 CITY-ST-ZIP                                       |  |
| TITLE                      |                     | 5.1 TITLE   |  |
| NAME                       |                     | 5.2 NAME  |  |
| STREET ADDRESS             |                     | 5.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                     | 5.4 CITY-ST-ZIP                                       |  |
| TITLE                      |                     | 6.1 TITLE   |  |
| NAME                       |                     | 6.2 NAME  |  |
| STREET ADDRESS             |                     | 6.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                     | 6.4 CITY-ST-ZIP                                       |  |

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 changed, or in an attachment with an address.

SIGNATURE: *Claude Skaates*

1/13/98

CR2E034 (10/97)