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Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 280952

1. Corporation Name

GARCIA CANNING COMPANY, INC.

Principal Place of Business

4301 NORTH TRASK STREET
TAMPA FL 33614

Mailing Address

4301 NORTH TRASK STREET
TAMPA FL 33614

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/30/1964

4. FEI Number

59-1050322

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 owes the current year Intangible
Personal Property Tax.

☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

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

LYDIA SKAATES

82 Street Address (P.O. Box Number is Not Acceptable)

4301 NORTH TRASK STREET

83

84 City

TAMPA

FL

85 Zip Code

33614

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 PD
NAME SKAATES, CLAUDE C.
STREET ADDRESS 15907 WILLOWDALE RD
CITY-ST-ZIP TAMPA FL ☒ DELETE

TITLE STD
NAME SKAATES, LYDIA
STREET ADDRESS 4522 W. ORENT ST.
CITY-ST-ZIP TAMPA FL ☒ DELETE

TITLE VD
NAME SKAATES, STEPHEN D.
STREET ADDRESS 6310 GANT ROAD
CITY-ST-ZIP TAMPA FL ☒ DELETE

TITLE VD
NAME SKAATES, ROBERT W.
STREET ADDRESS 4522 W. ORENT ST.
CITY-ST-ZIP TAMPA FL ☒ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT
1.2 NAME LYDIA SKAATES
1.3 STREET ADDRESS 4301 NORTH TRASK STREET
1.4 CITY-ST-ZIP TAMPA, FL 33614 ☒ Change ☐ Addition

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 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Lydia Skaates, President (LYDIA SKAATES Jan. 11, 1999 876-0674

CR2E034 (1/98)