

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED  
Apr 30 1996 8:00 am  
Secretary of State

DOCUMENT # 433214 (4)

1. Corporation Name

GARRISON CORPORATION, INC.



Principal Place of Business

3899 ULMERTON RD  
CLEARWATER FL 34622

Mailing Address

3899 ULMERTON RD  
CLEARWATER FL 34622

3. Date Incorporated or Qualified  
08/21/1973

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 14077 63RD WAY NO

26 14077 63RD WAY NO.

4. FEI Number

59-1498843

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 CLEARWATER, FL.

28 CLEARWATER, FL.

Zip

Country

Zip

Country

24 34620

25 PINELLAS

29 34620

30 PINELLAS

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GORMIN, GARY P.  
3899 ULMERTON RD  
CLEARWATER FL 34622

81 Name

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

14077 63RD WAY NO.

83

84 City

CLEARWATER

FL

85 Zip Code

34620

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

*GARY P. GORMIN*

GARY P. GORMIN

2-17-96

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME GORMIN, RUTH L  
STREET ADDRESS 855 BAYWAY BLVD #301  
CITY-ST-ZIP CLEARWATER BCH, FL 00000

TITLE TD  
NAME FOURES, MARY ANN  
STREET ADDRESS 4062 BELAIR LANE #10  
CITY-ST-ZIP NAPLES FL

TITLE SD  
NAME GORMIN, GARY P  
STREET ADDRESS 7922 IDLEWILD LANE  
CITY-ST-ZIP SEMINOLE FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP 34630

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS 7032 PELICAN BAY BLVD E-203  
2.4 CITY-ST-ZIP NAPLES, FL. 33963

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS 8680 LONGWOOD DR.  
3.4 CITY-ST-ZIP SEMINOLE, FL. 34647

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
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:

*GARY P. GORMIN*

GARY P. GORMIN

CORP. SEC'Y

2-17-96

(813) 531-3402

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)