May 06, 1999 8:00 am Secretary of State

05-06-1999 90298 009 ***600.00

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 433214

1. Corporation Name

GARRISON CORPORATION, INC.

Principal Place	e of Rusiness	Mailing Address				-					
14077 63RD WAY NORTH		14077 63RD WAY NORTH									
CLEARWATER FL 33760		CLEARWATER FL 33760									
US		US	US			DO NOT WRITE IN THIS SPACE					
ı						1	te Incorporated or Qualifed /21/1973	1			
2 Principal P	Yace of Business	2a. Mailing Address					Number		\neg	Apr	lied For
21	igos of Dashiess	26			59-1498843			Not Applicable			
Suite, Apt. #, etc.		Suite, Apt. #, etc.							\$8.75 Additional		
22		27				5. Ce	rtifcate of Status Desired		F	ee Red	uired
City & State		City & State			6. Ele	ction Campaign Financing		\$:	5.00	May Be	
23		28				Tre	ist Fund Contribution		A	ided to	Fees
Zip Country		Zip	<u> </u>			8. This corporation owes the current year Int					- 7
24	25	29	30			1	rsonal Property Tax.	D 1-44 :	Ye	S	□No
	9. Name and Address of Curre	nt Registered Agent	- 8	41	Name	10. Na	me and Address of New	Registered /	tgent		
GOR	MIN, GARY P		ľ	"	name						_
	7 63RD WAY NORTH		8	2	Street Addre	ss (P.O.	Box Number is Not Accept	table)			
	ARWATER FL 33760		8	-							_
022	(0	٦							
			8	4	City			FL	85	Zip C	ode
44 Dimensions	to the provisions of Sections 607.050	02 and 607 1508 Florida Stat	utos the abo		named corno	ration eu	hmite thic statement for the		chang	na its	registered
office or r	to the provisions of sections 607 506 egistered agent, or both, in the State m familiar with, and accept the obligations of the section of the section of the provisions of th	of Florida. Such change was	authorized b	y th	e corporation	n's board	of directors. I hereby acce	ept the appoir	itment	as reg	istered
OIOITATORE	Signature, typed or printed name of registered age	·	TE: Registered Ag	jent s	ignature required			DATE			
12.				13.		ADD	OITIONS/CHANGES TO O	FFICERS AN	D DIR ⊟ Ch		RS IN 12
TITLE	PD CARY D			1.1 TITLE						lange	Addition
NAME	GORMIN, GARY P		1.2 NAME								
STREET ADDRESS	14077 63RD WAY NORTH		1.3 STRE								
CITY-ST-ZIP	CLEARWATER FL 33760	☐ DELETE	1.4 CITY- 2.1 TITLE		ZIP	.			TT Cr	anoe	Addition
TITLE	17.		2.2 NAME								_
NAME	GORMIN, ELAINE R 14077 63RD WAY NORTH		2.2 NAME 2.3 STRE		nnocce						
STREET ADDRESS	CLEARWATER FL 33760		2.4 CITY								3
CITY-ST-ZIP TITLE	D D	☐ DELETE	3.1 TITLE		ZIF		······································		□Ch	ange	Addition
NAME	GORMIN, JONATHAN D		3.2 NAME	=							
STREET ADDRESS	14077 63RD WAY NORTH		3.3 STRE		DDRESS						
CITY-ST-ZIP	CLEARWATER FL 33760		3.4. CITY		·						
TITLE	000	☐ DELETE	4.1 TITLE						Cr	ange	Addition
NAME			4. 2 NAM	E							
STREET ADDRESS			4.3 STRE	ETA	DORESS						
CITY-ST-ZIP			4.4 CITY-	ST-Z	ZIP						_
TITLE		☐ DELETE	5.1 TITLE						Cr	nange	Addition
NAME			5.2 NAME	Ē							
STREET ADDRESS			5.3 STRE	ET A	DDRES\$						
CITY-ST-ZIP		<u></u>	5.4 CITY-		ZIP						
TITLE		☐ DELETE	6.1 TITLE						☐ Ch	ange	☐ Addition
NAME			6.2 NAME						-		
STREET ADDRESS	1		6.3 STRE	ET A	DDRESS						

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.

6.4 CITY-ST-ZIP

SIGNATURE:

727-531-3402