2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 12, 2002 8:00 am Secretary of State DOCUMENT # 433214 1. Entity Name 05-12-2002 90782 001 ***600.00 GARRISON CORPORATION, INC. Mailing Address Principal Place of Business 14077 63RD WAY NORTH 14077 63RD WAY NORTH **CLEARWATER FL 33760** CLEARWATER FL 33760 US 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1498843 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GORMIN, GARY P Street Address (P.O. Box Number is Not Acceptable) 14077 63RD WAY NORTH CLEARWATER FL 33760 Zip Code City FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. П Added to Fees : (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. CR2E034 (9/01) Addition Change TITLE ☐ Delete TITLE GORMIN, GARY P NAME NAME STREET ADDRESS 14077 63RD WAY NORTH STREET ADDRESS CITY-ST-ZIP **CLEARWATER FL 33760** CITY-ST-ZIP TITLE ☐ Addition ☐ Delete TITLE NAME NAME GORMIN. ELAINE R STREET ADDRESS STREET ADDRESS 14077 63RD WAY NORTH CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 33760** Change ☐ Addition TITI F ☐ Delete NAME[™] * NAME >----GORMIN, JONATHAN D STREET ADDRESS STREET ADDRESS 14077 63RD WAY NORTH CITY-ST-ZIP **CLEARWATER FL 33760** Change Addition ☐ Delete TITLE TITLE = NAME NAME. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 report or supplemental 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 11 or Block 12 if of the corporation or the receiver or trustee empower changed, or on an attachment with an address, with

4-29-2002

FILED