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PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF REVENUE
Sandra B. Mathan
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 452971

(5)

1. Corporation Name

GARRISON CARPET & DRAPES, INC.

Principal Place of Business

10114 NEBRASKA AVE.
TAMPA FL 33612

Mailing Address

10114 NEBRASKA AVE.
TAMPA FL 33612

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

YADO, JESS J, III, ESQ
4950 W KENNEDY BLVD SUITE 603
TAMPA FL 33609

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 607.01(6) and 607.16(4), 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 607.01(6), Florida Statutes.

SIGNATURE

James M. Garrison

Pres

3/25/96

12. OFFICERS AND DIRECTORS

1. TITLE

PDV
GARRISON, JAMES M
10114 NEBRASKA AVE
TAMPA, FL 00000

[] DELETE

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

5. TITLE

STD
GARRISON, JAMES M
10114 NEBRASKA AVE
TAMPA, FL 00000

[] DELETE

6. NAME

7. STREET ADDRESS

8. CITY-STATE-ZIP

9. TITLE

[] DELETE

10. NAME

11. STREET ADDRESS

12. CITY-STATE-ZIP

13. TITLE

[] DELETE

14. NAME

15. STREET ADDRESS

16. CITY-STATE-ZIP

17. TITLE

[] DELETE

18. NAME

19. STREET ADDRESS

20. CITY-STATE-ZIP

21. TITLE

[] DELETE

22. NAME

23. STREET ADDRESS

24. CITY-STATE-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)(a), Florida Statutes. I further certify that the information indicated on this annual report or biennial 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:

James M Garrison

James M. Garrison

Pres 3/25/96

813-971-0301

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)