FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 06, 2002 8:00 am DOCUMENT # 484699 **Secretary of State** 1. Entity Name 02-06-2002 90008 038 ***150.00 JIM GARRISON INC. Principal Place of Business Mailing Address 751 S WASHINGTON AVE. 751 S WASHINGTON AVE TITUSVILLE FL 32780 TITUSVILLE! FL 32780 -2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1623285 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GARRISON, JAMES W Street Address (P.O. Box Number is Not Acceptable) 1338 S. CARPENTER RD TITUSVILLE FL 32780 City Zip Code 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 Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. VICE PRESIDENT CR2E034 (9/01) ☐ Delete TITLE Change ddition TITLE CHKISTOPHER B.GARRISON GARRISON, JAMES W NAME NAME STREET ADDRESS STREET ADDRESS 2002 KING RICHARD DR. 1338 S. CARPENTER RD. CITY-ST-ZIP CITY-ST-ZIP TITUSVILLE FL TITUSVILLE, FL 32796 TITLE ☐ Delete Change ☐ Addition GARRISON, JENNIFER J STREET ADDRESS STREET ADDRESS 1338 S. CARPENTER RD. CITY-ST-ZIP CITY-ST-ZIP TITUSVILLE FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS 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 equired by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

changed, or on an attachment with an address, with all other like empow