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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 518845

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GARBEE, INC.

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Principal Place of Business

Mailing Address

P.O. BOX 30650

P.O. BOX 30650

FILED Apr 25 1997 8:00am Secretary of State



PENSACOLA FL 32503			PENSACOLA FL 32503-1650								
								1 '		te of Last Report 2/1996	
2. Principal Place of Business			2a. Mailing Address					4. FEI Number		Ar	oplied For
21			26					59-1702270 Not Applicable			ot Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc. 27					5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State			28	City & State				Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip 24	Zip Country			7ip Country 30			,	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes X Yes No			
	9. Name and	Address of Currer	il Register	ed Agent				10. Name and Address of New Re	gistered A	gent	
636 PAN	BLES, GLENN (NAVY BLVD IAMA CITY, FL ISAÇOLA FL 32				i	81 82 83		ddress (P.O. Box Number is Not Accepta	ole)		
; <u>(</u>	IONOGEN I E DE					84	City			85 Zip	Code
11. Pursuant office or r agent. I a	to the provisions registered agent, am familiar with, an	of Sections 607.050 or both, in the State nd accept the obliga	02 and 607. of Florida ations of, S	1508, Florida Sta Such change wa ection 607.0505,	itutes, the al as authorized Florida Stat	pove d by utes	e-named c y the corpo s.	orporation submits this statement for the iration's board of directors. I hereby acce	FL ourpose of o pt the appo	hanging it intiment as	ts registered registered
SIGNATURE	Signature, typed or prin	nted name of registered agr	of and title if ap	olatible (F	NOTE Finguistered	l Age	er Lisignaturo re	quired when reinstating)	DATI		
12.		OFFICERS AN	D DIRECTO	DRS	13.			ADDITIONS/CHANGES TO OFFI	CERS AND	DIRECTOR	RS IN 12
TITLE	PD			DECTTE	1.1 10	ILE				Change	Addition
NAME	Peebles, Gl				1.2 M	ME					
STREET ADDRESS	636 NAVY BL				1.3 \$1	REE1	ADDRESS				
CITY-ST-ZIP	PENSACOLA	FL			1.4 CI	1 Y - S	1-7IP				
TITLE	DVS			☐ DELETE	2.1 TC	TEE	-		Ļ	Change	Addition
NAME	PEEBLES, JA				2 2 N/						
STREET ADDRESS	636 NAVY BL				2 3 51	RELI	ADDRESS				
CITY-ST-ZIP	PENSACOLA	<u>rL</u>		DELETE			SI - ZiP		·	100	1 4440
TITLE	as Peebles, gl	ENIN O ID		LJ DELETE	3.1 T/				L	Change	☐ Addition
NAME	636 NAVY BL				3.2 N/						
STREET ADDRESS	PENSACOLA				1		ADDRESS				
CITY-ST-ZIP TITLE	T	16	•	DELETE	4.1 TI		SI · ZIP			Change	Addition
NAME	PEEBLES, JA	NE			4.2 N		İ			onange	
STREET ADDRESS	636 NAVY BL						ADDRESS				
CITY-ST-ZIP	PENSACOLA				44 CI		ì				
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NAME					5.2 NA				_	ř	
STREET ADDRESS					5.3 \$1	891	ADORESS				
CITY-ST-ZIP					5.4 CI						
TITLE				DELETE	6.1 TI					Change	Addition
NAME					6.2 N/	ME					
STREET ADDRESS					63 SI	HFE T	AUDRESS				
CITY-ST-ZIP					6.4.00	TY-S	1 - Z/P				
77	422 31 5.										

I do 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 trusted 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 adjachment with an address.

4/21/97

(904) 433-8533