FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # Corporation Name

524981

(8)

GARRISON BUILT HOMES, INC.

					 	HOU BIOM DIVIN		DIBN DIVIN TOU
Principal Place of Business Mailing Address 721 S. WOODLAND ST. WINTER GARDEN FL 34787 WINTER GARDEN FL 34787								
TERRET STEEDER TO STOP					3. Date incorporated or Qualified 02/02/1977 3a. Date of Last Report 04/21/1995			
Principal Place of Business 2a. Mailing Address					4. FEI Number	1	<u> </u>	Applied For
2. Principal Place of Business		26		59-1714507 Not Applicable				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		\$8.75 Additional			Additional	
2	·, etc.	27	-		5. Certificate of Status Desired	Fee Required		
City & State		City & State		6. Election Campaign Financing		\$5.00 May Be		
3		28		Trust Fund Contribution Added to Fees				
Zip	Country	Zip	Cour	ntry	8. This corporation has liability for i		under s	199.032,
4	25	29	30		Florida Statutes			
1	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New R	egistered A	gent	
				81 Name				
GARRISON, EDWARD W.				82 Street Address (P.O. Box Number is Not Acceptable)				
1312 KELSO BLVD.			1	2				
	MERE FL 34786		ſ	83				
***************************************				84 City			85 Zi	p Code
				1	ration submits this statement for the pured of directors. Thereby accept the annual	FL	1 1	
SIGNATURE .	th, and accept the obligations of, Se			Agent signature require	id when reinstalling)	DATE		
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF			
TITLE	PD	☐ DELETE	1, 1 T	TLE		L.] Change	☐ Addition
NAME	GARRISON, EDWARD		1.2 N/	AME				
STREET ADDRESS	1312 KELSO BLVD.		1.3 S1	REET ADDRESS				
CITY-ST-ZIP	WINDERMERE FL			TY-ST-ZIP] Change	Addition
TITLE	VD	☐ DELETE	2 1 T	ITLE		L	j unange	☐ Yuunuu
NAME	GARRISON, LOU ANN		2 2 N	AME				
STREET ADDRESS	1312 KELSO BLVD.		2.3 S	IREET ADDRESS				
CITY-ST-ZIP	WINDERMERE FL			TY-ST-ZIP		——————————————————————————————————————	7 Change	[] Addition
TITLE		DELETE	3.11			_	_ Change	
NAME			3.2 N					
STREET ADDRESS				TREE1 ADDRESS				
CHY-ST-ZIP		C DO CTC		ITY-ST-ZIP] Change	Addition
TITLE		☐ DELETE	4.1T			L		
NAME			4.2 N					
STHEET ADDRESS				TREET ADORESS				
CITY-ST-ZIP		☐ DELETE	4.4 C	TY-ST-ZIP			Change	Addition
TITLE		₩ Section	5.2 N	l		_		
NAME				TREET ADDRESS				
STREET ADDRESS								
CITY-ST-ZIP		DELETE	6.11	ITY-ST-ZIP	•		Change	☐ Addition
TITLE			6.2 N	i l		_		
NAME				TREET ADDRESS				
STREET ADDRESS			4					
CITY-ST-ZIP	i		■ 64 L	ITY-ST-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)(k). 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 certify 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, pron an attachment with an address.

SIGNATURE:

SIGNATURE:

SIGNATURE

SIGNATURE

Deprine Phone
Deprine

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