

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 853220 (2)

1. Corporation Name

GARCIA'S OF SCOTTSDALE, INC.



Principal Place of Business

Mailing Address

4725 N SCOTTSDALE ROAD  
350  
SCOTTSDALE AZ 85251  
US

4725 N SCOTTSDALE ROAD  
350  
SCOTTSDALE AZ 85251  
US

3. Date Incorporated or Qualified

06/22/1982

3a. Date of Last Report

02/21/1995

4. FEI Number

86-0414274

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 6210 E. Thomas

26 6210 E. Thomas

Suite, Apt #, etc

Suite, Apt #, etc

22 #203

27 #203

City & State

City & State

23 Scottsdale, AZ

28 Scottsdale, AZ

Zip

Zip

Country

Country

24 85251

25 US

29 85251

30 US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and the corporation

(NOTE: Registered Agent signature required when not typed)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| TITLE | NAME                            | STREET ADDRESS                      | CITY - ST - ZIP          | DELETE                              |
|-------|---------------------------------|-------------------------------------|--------------------------|-------------------------------------|
| P     | <del>FULKERSON, THOMAS G.</del> | <del>4725 N SCOTTSDALE RD 350</del> | <del>SCOTTSDALE AZ</del> | <input checked="" type="checkbox"/> |
| VST   | GRAGG, MICHAEL J.               | 4725 N SCOTTSDALE RD 350            | SCOTTSDALE AZ            | <input type="checkbox"/>            |
| D     | <del>MILES, GORDON H.</del>     | <del>4725 N SCOTTSDALE RD 350</del> | <del>SCOTTSDALE AZ</del> | <input type="checkbox"/>            |
|       |                                 |                                     |                          | <input type="checkbox"/>            |
|       |                                 |                                     |                          | <input type="checkbox"/>            |
|       |                                 |                                     |                          | <input type="checkbox"/>            |
|       |                                 |                                     |                          | <input type="checkbox"/>            |

| TITLE              | NAME             | STREET ADDRESS           | CITY - ST - ZIP      | CHANGE                              | ADDITION                            |
|--------------------|------------------|--------------------------|----------------------|-------------------------------------|-------------------------------------|
| CEO/Chairman       | E. Lawrence Hill | 6210 E. Thomas #203      | Scottsdale, AZ 85251 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Vice President/Sec | Michael J. Gragg | 6210 E. Thomas Road #203 | Scottsdale, AZ 85251 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
|                    |                  |                          |                      | <input type="checkbox"/>            | <input type="checkbox"/>            |
|                    |                  |                          |                      | <input type="checkbox"/>            | <input type="checkbox"/>            |
|                    |                  |                          |                      | <input type="checkbox"/>            | <input type="checkbox"/>            |
|                    |                  |                          |                      | <input type="checkbox"/>            | <input type="checkbox"/>            |
|                    |                  |                          |                      | <input type="checkbox"/>            | <input type="checkbox"/>            |

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 is 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-12-96 602-990-1123

CR2E034 (3/96)