

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 # F94000003616 (9)

1. Corporation Name

GARRISON PROTECTIVE SERVICES, INC.



Principal Place of Business

Mailing Address

552 BROADWAY
MASSAPEQUA NY 11758

552 BROADWAY
MASSAPEQUA NY 11758

2. Principal Place of Business

21 210 West Rogues Path

Suite, Apt. #, etc.

22 City & State

23 Cold Spring Hills, N.Y.

24 Zip

11743

Country

25 U.S.A.

2a. Mailing Address

26 210 West Rogues Path

Suite, Apt. #, etc.

27 City & State

28 Cold Spring Hills, N.Y.

29 Zip

11743

Country

30 U.S.A.

3. Date Incorporated or Qualified

07/12/1994

3a. Date of Last Report

07/19/1995

4. FEI Number

11-2831238

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

9. Name and Address of Current Registered Agent

GUILLERO, BLANCO
4343 W FLAGLER STREET
MIAMI FL 33134

10. Name and Address of New Registered Agent

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 type for printed name of registered agent and the Corporation

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

P
NAME TENREIRO, MICHAEL
STREET ADDRESS 552 BROADWAY
CITY - ST - ZIP MASSAPEQUA NY

TITLE ☐ DELETE

V
NAME GUILLERO, BLANCO
STREET ADDRESS 552 BROADWAY
CITY - ST - ZIP MASSAPEQUA NY

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

11 TITLE
12 NAME 210 West Rogues Path
13 STREET ADDRESS Cold Spring Hills, N.Y. 11743
14 CITY - ST - ZIP

21 TITLE ☒ Change ☐ Addition

22 NAME 210 West Rogues Path
23 STREET ADDRESS Cold Spring Hills, N.Y. 11743
24 CITY - ST - ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
64 CITY - 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 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

7/22/96

516-367-7805

Date

Telephone Number

CR2E034 (3/96)