

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F94000003653 (2)

1. Corporation Name
GARRETT DESIGN, INC.



Principal Place of Business
2081 EMBARCADERO WAY
NORTH FORT MEYERS FL 33917

Mailing Address
2081 EMBARCADERO WAY
NORTH FORT MEYERS FL 33917

3. Date Incorporated or Qualified 07/13/1994	3a. Date of Last Report 01/27/1995
4. FEI Number 39-1352708	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. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

ZIEHLSDORF, MANFRED A
2081 EMBARCADERO WAY
NORTH FORT MEYERS FL 33917

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. City
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 of Registered Agent

Signature of Registered Agent

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1. TITLE	NAME
NAME	NAME	2. NAME	NAME
STREET ADDRESS	STREET ADDRESS	3. STREET ADDRESS	STREET ADDRESS
CITY, ST, ZIP	CITY, ST, ZIP	4. CITY, ST, ZIP	CITY, ST, ZIP
TITLE	NAME	5. TITLE	NAME
NAME	NAME	6. NAME	NAME
STREET ADDRESS	STREET ADDRESS	7. STREET ADDRESS	STREET ADDRESS
CITY, ST, ZIP	CITY, ST, ZIP	8. CITY, ST, ZIP	CITY, ST, ZIP
TITLE	NAME	9. TITLE	NAME
NAME	NAME	10. NAME	NAME
STREET ADDRESS	STREET ADDRESS	11. STREET ADDRESS	STREET ADDRESS
CITY, ST, ZIP	CITY, ST, ZIP	12. CITY, ST, ZIP	CITY, ST, ZIP
TITLE	NAME	13. TITLE	NAME
NAME	NAME	14. NAME	NAME
STREET ADDRESS	STREET ADDRESS	15. STREET ADDRESS	STREET ADDRESS
CITY, ST, ZIP	CITY, ST, ZIP	16. CITY, ST, ZIP	CITY, ST, ZIP
TITLE	NAME	17. TITLE	NAME
NAME	NAME	18. NAME	NAME
STREET ADDRESS	STREET ADDRESS	19. STREET ADDRESS	STREET ADDRESS
CITY, ST, ZIP	CITY, ST, ZIP	20. CITY, ST, ZIP	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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-21-96

941-543-6877

DATE

Daytime Phone #

CR2E034 (12/95)