

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

**APPROVED AND FILED**

MAY 1 9:17  
 FLORIDA DEPARTMENT OF STATE  
 TALLAHASSEE, FLORIDA



**CORPORATION ANNUAL REPORT 1995**

FLORIDA DEPARTMENT OF STATE  
 Sarah B. Mathern  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # F94000004887 (5)**

1. Corporation Name  
**GARNEL CORPORATION**

Principal Place of Business: **68 HACIENDA VILLAGE WINTER SPRINGS FL 32708**  
 Mailing Address: **68 HACIENDA VILLAGE WINTER SPRINGS FL 32708**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or Qualified	3a. Date of Last Report
21	26	09/21/1994			
22. City & State		27. City & State		4. FEI Number	Applied For
23. Zip		28. Zip		<b>APPLIED FOR 59-3273756</b>	Not Applicable
24. Country		29. Country		5. Certificate of Status Desired	<b>\$8.75 Additional Fee Required</b>
				6. Election Campaign Financing Trust Fund Contribution	<b>\$5.00 May Be Added to Fees</b>
				8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>WHIPPLE, GARY T                  68 HACIENDA VILLAGE                  WINTER SPRINGS FL 32708</b>				B1	Name		
				B2	Street Address (P.O. Box Number is Not Acceptable)		
				B3			
				B4	City	FL	B5

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 \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHIPPLE, GARY T	12 NAME	
STREET ADDRESS	68 HACIENDA VILLAGE	13 STREET ADDRESS	
CITY, ST, ZIP	WINTER SPRINGS FL 32703	14 CITY, ST, ZIP	
TITLE	VS	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHIPPLE, NELLIE L	22 NAME	
STREET ADDRESS	68 HACIENDA VILLAGE	23 STREET ADDRESS	
CITY, ST, ZIP	WINTER SPRINGS FL 32703	24 CITY, ST, ZIP	
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY, ST, ZIP		34 CITY, ST, ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY, ST, ZIP		44 CITY, ST, ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY, ST, ZIP		54 CITY, ST, ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		64 CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing was voluntarily furnished and that it complies with the requirements stated in Sections 199.031, Florida Statutes. I further certify that the information included 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 secretary or treasurer or president of the corporation as reported by Chapter 607, Florida Statutes, and that my name appears in Block 1, or Block 13, if changed, of the attached form with an address.

SIGNATURE: *Gary T. Whipple* **GARY T. WHIPPLE** 4-26-95 (407) 327-0205  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR