

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G26670** (1)

1. Corporation Name

GARMORE, INC.



Principal Place of Business

**21234 OLEAN BLVD.
SUITE 5
PORT CHARLOTTE FL 33952
US**

Mailing Address

**21234 OLEAN BLVD.
SUITE 5
PORT CHARLOTTE FL 33952
US**

2. Principal Place of Business

21

Suite, Apt. #, etc.

SAME

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

SAME

27

City & State

28

Zip

Country

29

Zip

30

9. Name and Address of Current Registered Agent

**MOORE, GARY W.
21234 OLEAN BLVD.
SUITE 5
PORT CHARLOTTE FL 33952**

3. Date Incorporated or Qualified

03/07/1983

3a. Date of Last Report

05/01/1995

4. FET Number

59-2294029

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

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 607.050 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]

12. Registered Agent Signature (When Not Applicable)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DP
MOORE, GARY W
21234 OLEAN BLVD., STE. 5
PORT CHARLOTTE, FL 00000**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**ST
MOORE, MARCIA L
21234 OLEAN BLVD., STE. 5
PORT CHARLOTTE FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

13.

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY - ST - ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY - ST - ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY - ST - ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY - ST - ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY - ST - ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY - ST - ZIP

25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY - ST - ZIP

29. TITLE

30. NAME

31. STREET ADDRESS

32. CITY - ST - ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GARY MOORE 5/1/95 941/625-6101

CR2E034 (12/95)