

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **G42684** (2)  
1. Corporation Name  
**NOAH GARRETT & SONS, INC.**



Principal Place of Business: **501 EAST 4TH STREET LYNN HAVEN FL 32444**  
Mailing Address: **501 EAST 4TH STREET LYNN HAVEN FL 32444**

3. Date Incorporated or Qualified: **06/08/1983**  
3a. Date of Last Report: **05/17/1995**  
4. FEI Number: **59-2302689**  
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  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country  
25  
2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country  
30

9. Name and Address of Current Registered Agent  
**GARRETT, N. BENJAMIN  
2106 WIND JAMMER DRIVE  
LYNN HAVEN FL 32444**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code  
**FL**

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	<b>TD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GARRETT, SARA W.</b>	1.2 NAME	
STREET ADDRESS	<b>501 E. 4TH ST.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LYNN HAVEN FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>PD</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GARRETT, N. BENJAMIN</b>	2.2 NAME	
STREET ADDRESS	<b>2106 WIND JAMMER DRIVE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LYNN HAVEN FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>SD</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GARRETT, CATHERINE</b>	3.2 NAME	
STREET ADDRESS	<b>2106 WIND JAMMER DRIVE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LYNN HAVEN FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ALSOBROOK, ANTHONY</b>	4.2 NAME	
STREET ADDRESS	<b>8904 HWY 2301</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>YOUNGSTOWN FL</b>	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 owner 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 as changed, or on an attachment with an address.

SIGNATURE: *N. Benjamin Garrett*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-96 904-265-5576

CR2E034 (12/95)