

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90068 011 ***150.00

DOCUMENT # G42684

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/08/1983

4. FEI Number

59-2302689

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 owes the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

21 1615 Country Club Drive

22 Suite, Apt. #, etc.

City & State

23 Lynn Haven

Zip

24 32444

Country

25

2a. Mailing Address

26 1615 Country Club Drive

27 Suite, Apt. #, etc.

City & State

28 Lynn Haven

Zip

29 32444

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 1615 Country Club Drive

84 City

Lynn Haven

FL

85 Zip Code
32444

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME GARRETT, SARA W.

STREET ADDRESS 501 E. 4TH ST.

CITY-ST-ZIP LYNN HAVEN FL

TITLE ☐ DELETE

NAME GARRETT, N. BENJAMIN

STREET ADDRESS 2106 WIND JAMMER DRIVE

CITY-ST-ZIP LYNN HAVEN FL

TITLE ☐ DELETE

NAME GARRETT, CATHERINE

STREET ADDRESS 2106 WIND JAMMER DRIVE

CITY-ST-ZIP LYNN HAVEN FL

TITLE ☐ DELETE

NAME ALSOBROOK, ANTHONY

STREET ADDRESS 8904 HWY 2301

CITY-ST-ZIP YOUNGSTOWN FL

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

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

NOAH GARRETT & SONS, INC.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-99

Date

265-5876

Daytime Phone #

CR2E034 (11/98)

0060220