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

05-03-1999 90068 011 \*\*\*150.00

0060220

PROFIT CORPORATION ANNUAL REPORT 1999



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

**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

2. Principal Place of Business: 21 1615 Country Club Drive, Suite, Apt. #, etc. 22 Lynn Haven, FL 32444  
 2a. Mailing Address: 26 1615 Country Club Drive, Suite, Apt. #, etc. 27 Lynn Haven, FL 32444

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: \$5.00 May Be Added to Fees  
 8. This corporation owes the current year Intangible Personal Property Tax: Yes

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): 1615 Country Club Drive  
 83  
 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: TD	NAME: GARRETT, SARA W.	1.1 TITLE:	1.2 NAME:
STREET ADDRESS: 501 E. 4TH ST.	CITY-ST-ZIP: LYNN HAVEN FL	1.3 STREET ADDRESS:	1.4 CITY-ST-ZIP:
TITLE: PD	NAME: GARRETT, N. BENJAMIN	2.1 TITLE:	2.2 NAME:
STREET ADDRESS: 2106 WIND JAMMER DRIVE	CITY-ST-ZIP: LYNN HAVEN FL	2.3 STREET ADDRESS: 1615 Country Club Drive	2.4 CITY-ST-ZIP:
TITLE: SD	NAME: GARRETT, CATHERINE	3.1 TITLE:	3.2 NAME:
STREET ADDRESS: 2106 WIND JAMMER DRIVE	CITY-ST-ZIP: LYNN HAVEN FL	3.3 STREET ADDRESS: 1615 Country Club Drive	3.4 CITY-ST-ZIP:
TITLE: D	NAME: ALSOBROOK, ANTHONY	4.1 TITLE:	4.2 NAME:
STREET ADDRESS: 8904 HWY 2301	CITY-ST-ZIP: YOUNGSTOWN FL	4.3 STREET ADDRESS:	4.4 CITY-ST-ZIP:
TITLE:	NAME:	5.1 TITLE:	5.2 NAME:
STREET ADDRESS:	CITY-ST-ZIP:	5.3 STREET ADDRESS:	5.4 CITY-ST-ZIP:
TITLE:	NAME:	6.1 TITLE:	6.2 NAME:
STREET ADDRESS:	CITY-ST-ZIP:	6.3 STREET ADDRESS:	6.4 CITY-ST-ZIP:

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STREET ADDRESS:	CITY-ST-ZIP:	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 B. Garrett* 4-29-99 265-5876  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)