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May 03, 1999 8:00 am
Secretary of State

05-03-1999 90068 011 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1615 Country Club Drive Suite, Apt. #, etc. 22 City & State 23 Lynn Haven Zip 24 32444 25 Country		2a. Mailing Address 26 1615 Country Club Drive Suite, Apt. #, etc. 27 City & State 28 Lynn Haven Zip 29 32444 30 Country		3. Date Incorporated or Qualified 06/08/1983	4. FEI Number 59-2302689	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$8.75 Additional Fee Required \$5.00 May Be Added to Fees		
8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						

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
85 Zip Code	FL 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	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARRETT, SARA W.	1.2 NAME	
STREET ADDRESS	501 E. 4TH ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	LYNN HAVEN FL	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARRETT, N. BENJAMIN	2.2 NAME	
STREET ADDRESS	2106 WIND JAMMER DRIVE	2.3 STREET ADDRESS	1615 Country Club Drive
CITY-ST-ZIP	LYNN HAVEN FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARRETT, CATHERINE	3.2 NAME	
STREET ADDRESS	2106 WIND JAMMER DRIVE	3.3 STREET ADDRESS	1615 Country Club Drive
CITY-ST-ZIP	LYNN HAVEN FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALSOBROOK, ANTHONY	4.2 NAME	
STREET ADDRESS	8904 HWY 2301	4.3 STREET ADDRESS	
CITY-ST-ZIP	YOUNGSTOWN FL	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 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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-99 265-5876
 Date Daytime Phone #

CR2E034 (11/98)