


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

FILED
Feb 18, 1999 8:00am
Secretary of State

02-18-1999 90024 013 ****150.00



DO NOT WRITE IN THIS SPACE

| | | | | | |
|---|---------------------|---|---|---|--|
| PROFIT CORPORATION ANNUAL REPORT 1999 | |  | | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # H40575 | | | | | |
| 1. Corporation Name GARMONG SALES, INC. | | | | | |
| Principal Place of Business 1927 LAUREL STREET. SARASOTA FL 34236 | | | Mailing Address 1927 LAUREL STREET. SARASOTA FL 34236 | | |
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 01/31/1985 | |
| 21 | Suite, Apt. #, etc. | 26 | Suite, Apt. #, etc. | 4. FEI Number 59-2501930 | Applied For <input type="checkbox"/> Not Applicable |
| 22 | City & State | 27 | City & State | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 23 | Zip | 28 | Zip | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 24 | Country | 29 | Country | 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 9. Name and Address of Current Registered Agent LAMBRECHT, WILLIAM G. 200 SOUTH ORANGE AVENUE SARASOTA FL 34236 | | | | 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 607.0502 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| DATE _____ | | | | | |
| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | 1.1 TITLE | 1.2 NAME |
| | PSID | GARMONG, JOHN | 1927 LAUREL STREET | | |
| | | SARASOTA FL 32436 | | 1.3 STREET ADDRESS | 1.4 CITY-ST-ZIP |
| | | | | 2.1 TITLE | 2.2 NAME |
| | | | | 2.3 STREET ADDRESS | 2.4 CITY-ST-ZIP |
| | | | | 3.1 TITLE | 3.2 NAME |
| | | | | 3.3 STREET ADDRESS | 3.4 CITY-ST-ZIP |
| | | | | 4.1 TITLE | 4.2 NAME |
| | | | | 4.3 STREET ADDRESS | 4.4 CITY-ST-ZIP |
| | | | | 5.1 TITLE | 5.2 NAME |
| | | | | 5.3 STREET ADDRESS | 5.4 CITY-ST-ZIP |
| | | | | 6.1 TITLE | 6.2 NAME |
| | | | | 6.3 STREET ADDRESS | 6.4 CITY-ST-ZIP |

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/99 941-952 0004

Date Daytime Phone #

CR2E034 (11/98)