

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **H96554** (1)

1. Corporation Name

GARRETT'S ENTERPRISES OF PANAMA CITY, INC.

Principal Place of Business

% TRAVIS O. GARRETT
1623 WEST 15TH STREET
PANAMA CITY FL 32401-1743

Mailing Address

% TRAVIS O. GARRETT
1623 WEST 15TH STREET
PANAMA CITY FL 32401-1743



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified
01/29/1986

3a. Date of Last Report
02/09/1995

4. FEI Number
59-2664183

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**GARRETT, TRAVIS O.
1623 WEST 15TH STREET
PANAMA CITY FL**

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

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

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

Date

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **DP**
STREET ADDRESS **GARRETT, TRAVIS O.**
CITY-STATE-ZIP **2133 ST. ANDREWS BLVD**
PANAMA CITY FL

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **GARRETT, MICHAEL**
CITY-STATE-ZIP **2122 ST. ANDREWS BLVD**
PANAMA CITY FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1 NAME
12 NAME
13 STREET ADDRESS
14 CITY-STATE-ZIP

2 NAME
22 NAME
23 STREET ADDRESS
24 CITY-STATE-ZIP

3 NAME
32 NAME
33 STREET ADDRESS
34 CITY-STATE-ZIP

4 NAME
42 NAME
43 STREET ADDRESS
44 CITY-STATE-ZIP

5 NAME
52 NAME
53 STREET ADDRESS
54 CITY-STATE-ZIP

6 NAME
62 NAME
63 STREET ADDRESS
64 CITY-STATE-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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TRAVIS GARRETT

3-27-96

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CR2E034 (12/95)