


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

FILED

Jan 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J99712 (8)

1. Corporation Name
GARRETT FINANCIAL, INC.



Principal Place of Business 13153 N.DALE MABRY.STE.107 TAMPA FL 33618	Mailing Address 13153 N.DALE MABRY.STE.107 TAMPA FL 33618
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 505 JASON DR Suite, Apt. #, etc.		2a. Mailing Address 26 505 JASON DR Suite, Apt. #, etc.		3. Date Incorporated or Qualified 10/30/1987	
22 City & State 23 LADY LAKE, FL		27 City & State 28 LADY LAKE, FL		4. FEI Number 59-2854713	
24 Zip 32159		29 Country LAKE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25 Country LAKE		30 Country LAKE		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent HANBY, ROBERT G. 11362 BROOK GREEN DRIVE TAMPA FL 33624				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

10. Name and Address of New Registered Agent 81 Name HANBY, ROBERT G. 82 Street Address (P.O. Box Number is Not Acceptable) 505 JASON DR 83 84 City LADY LAKE FL 85 Zip Code 32159	
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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 *Robert G. Hanby* DATE 1/7/98
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HANBY, ROBERT G. 11362 BROOK GREEN DR. TAMPA FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 505 JASON DR LADY LAKE, FL 32159
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS HANBY, GAYLE M. 11362 BROOKGREEN DR. TAMPA FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 505 JASON DR LADY LAKE, FL 32159
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: *Robert G. Hanby* DATE 1/7/98 (352)750-0977

CR2E034 (10/97)