

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

FILED  
Apr 13 1998 8:00am  
Secretary of State

|   |   |  |
|---|---|--|
| PROFIT CORPORATION<br>ANNUAL REPORT<br>1998 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # **K04188** (4)  
1. Corporation Name  
**GARCIA PROPERTIES, INC.**



|   |   |
|---|---|
| Principal Place of Business<br><b>% MARTIN A. GARCIA</b><br><b>2104 LYTHAM LN.</b><br><b>TALLAHASSEE FL 32308</b> | Mailing Address<br><b>% MARTIN A. GARCIA</b><br><b>2104 LYTHAM LN.</b><br><b>TALLAHASSEE FL 32308</b><br><b>836 Prudential Dr. #103</b><br><b>Jax, FL 32207</b> |
|---|---|

DO NOT WRITE IN THIS SPACE

|   |   |   |
|---|---|---|
| 2. Principal Place of Business<br>21 Circle Tenn Laundry<br>Suite, Apt. #, etc.<br>22 1420 Capital Cir. NW<br>City & State<br>23 Tallahassee, FL<br>Zip<br>24 32303 | 2a. Mailing Address<br>26 836 Prudential Dr.<br>Suite, Apt. #, etc.<br>27 St 1103<br>City & State<br>28 Jacksonville, FL<br>Zip<br>29 32207 | 3. Date Incorporated or Qualified<br>11/30/1987<br>4. FEI Number<br>59-2861164<br>5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required<br>6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees<br>8. This corporation owes or has paid the current year Intangible<br>Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|---|---|

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GARCIA, MARTIN A  
4011 ORTEGA BLVD  
JACKSONVILLE FL 32210

|   |
|---|
| 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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|  |   |                                 |  |  |  |
|--|---|---------------------------------|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | BD<br>GARCIA, MARTIN A.<br>1821 LONG BOW RD.<br>JACKSONVILLE FL     | <input type="checkbox"/> DELETE | 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP | Garcia martin A.<br>4011 Ortega Blvd<br>Jax FL 32210 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>GARCIA, DIANE S.<br>1821 LONG BOW RD.<br>JACKSONVILLE FL       | <input type="checkbox"/> DELETE | 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP | Garcia, Diane S.<br>4011 Ortega Blvd<br>Jax FL 32210 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>GARCIA, VINCENT L., III<br>2104 LYTHAM LANE<br>TALLAHASSEE FL  | <input type="checkbox"/> DELETE | 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>GARCIA, VINCENT L., JR.<br>1132 CARAWAY ST.<br>TALLAHASSEE FL | <input type="checkbox"/> DELETE | 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> DELETE | 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> DELETE | 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>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: Martin A. Garcia Martin A. Garcia 4-7-98

CR2E034 (10/97)