

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

06681

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**FILED**

99 JAN 19 PM 2:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**DOCUMENT # L57572**

1. Corporation Name  
**ART GARRETT REALTY, INC.**

Principal Place of Business 132 FAIRVIEW RD 7019 HIGHWAY 231 MARIANNA FL 32448 US	Mailing Address 132 FAIRVIEW RD 7019 HIGHWAY 231 MARIANNA FL 32448 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>03/12/1990</b>	4. FEI Number <b>59-2994487</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21 <b>132 FAIRVIEW RD</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>132 FAIRVIEW RD</b> Suite, Apt. #, etc.
22 City & State <b>MARIANNA FL</b>	27 City & State <b>MARIANNA FL</b>
23 Zip <b>32448</b> Country <b>USA</b>	28 Zip <b>32448</b> Country <b>USA</b>

9. Name and Address of Current Registered Agent  
**GARRETT, ARTHUR G.**  
132 FAIRVIEW RD  
MARIANNA FL 32448

81 Name <b>JAMES H. GARRETT</b>	82 Street Address (P.O. Box Number is Not Acceptable) <b>3624 Seminole Ln</b>
83 <b>or 132 FAIRVIEW RD</b>	84 City <b>MARIANNA FL</b>
85 Zip Code <b>32448</b>	

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 607.0506, Florida Statutes.

SIGNATURE James H. Garrett / JAMES H. GARRETT DATE 1-6-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>GARRETT, ARTHUR G.</b>		1.2 NAME <b>JAMES H. GARRETT</b>	
STREET ADDRESS <b>7019 HIGHWAY 231</b>		1.3 STREET ADDRESS <b>3624 SEMINOLE LN</b>	
CITY-ST-ZIP <b>PANAMA CITY FL</b>		1.4 CITY-ST-ZIP <b>MARIANNA FL 32448</b>	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE <b>100002750821</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS <b>-01/21/99-01117-007</b>	
CITY-ST-ZIP		3.4 CITY-ST-ZIP <b>****150.00 ****150.00</b>	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS <b>13 1/19/99 99AR</b>	
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: James H. Garrett / JAMES H. GARRETT DATE 1/6/99 DAYTIME PHONE # 1-850-579-2656

CR2E034 (11/98)