

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 # **L67784** (3)

1. Corporation Name

GARRATT ENTERPRISES OF LEE COUNTY INC.



Principal Place of Business

**C/O GARRATT, ALBERT M.
1709 SW 15TH AVE.
CAPE CORAL FL 33991**

Mailing Address

**C/O GARRATT, ALBERT M.
1709 SW 15TH AVE.
CAPE CORAL FL 33991**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**GARRATT, ALBERT M.
1709 SW 15TH AVE.
CAPE CORAL FL 33991**

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 obligation of, Section 607.005, Florida Statutes.

SIGNATURE *Albert Garratt*

(NOTE: Registered Agent Signature is required when a change is made.)

3-22-96

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	GARRATT, ALBERT M.	
STREET ADDRESS	1709 SW 15TH AVE.	
CITY- ST- ZIP	CAPE CORAL FL	
TITLE	D	☐ DELETE
NAME	GARRATT, BARBARA A.	
STREET ADDRESS	1709 SW 15TH AVE.	
CITY- ST- ZIP	CAPE CORAL FL	
TITLE	D	☐ DELETE
NAME	GARRATT, DAVID M.	
STREET ADDRESS	1709 SW 15TH AVE.	
CITY- ST- ZIP	CAPE CORAL FL	
TITLE	D	☐ DELETE
NAME	GARRATT, ROBERT F.	
STREET ADDRESS	1709 SW 15TH AVE.	
CITY- ST- ZIP	CAPE CORAL FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13.

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY- ST- ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY- ST- ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY- ST- ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY- ST- ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY- ST- ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY- ST- 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: *Albert Garratt* **ALBERT GARRATT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-22-96 941
772-5065
DATE DAYTIME PHONE #

CR2E034 (12/95)