FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **M77012** **(6)**

1. Corporation Name

GARCIA ENTERPRISES OF TAMPA, INC.

Principal Place of Business	Mailing Address
4933 NEW PROVIDENCE RD. TAMPA FL 33629	4933 NEW PROVIDENCE RD. TAMPA FL 33629

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 Garcia Enterprises, Inc.
Suite, Apt. #, etc.
27 7243 Bryan Dairy Rd
City & State
28 Largo, FL
Zip 29 34647 Country 30

3. Date Incorporated or Qualified: **04/19/1988**

3a. Date of Last Report: **04/24/1995**

4. FEI Number: **59-2892779** ☐ 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

GARCIA, MARTIN L.
101 EAST KENNEDY BLVD
SUITE 3700
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name: Martin L. Garcia
82 Street Address (P.O. Box Number is Not Acceptable): 7243 Bryan Dairy Road
83 Largo, FL
84 City **FL** 85 Zip Code 34647

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 _____ DATE _____
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DCT	☐ DELETE
NAME	GARCIA, MANUEL	
STREET ADDRESS	4933 NEW PROVIDENCE RD	
CITY-ST-ZIP	TAMPA FL	
TITLE	DP	☐ DELETE
NAME	GARCIA, MARTIN L.	
STREET ADDRESS	101 E.KENNEDY BLVD.#3700	
CITY-ST-ZIP	TAMPA FL	
TITLE	SD	☐ DELETE
NAME	GARCIA, ADELINE	
STREET ADDRESS	4933 NEW PROVIDENCE RD.	
CITY-ST-ZIP	TAMPA FL	
TITLE	DV	☐ DELETE
NAME	GARCIA, MARSHALL S.	
STREET ADDRESS	13518 PALMWOOD LANE	
CITY-ST-ZIP	TAMPA FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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: _____ 4/25/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

Daytime Phone #

CR2E034 (12/95)