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FILED

Apr 29 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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
4933 NEW PROVIDENCE RD.
TAMPA FL 33629

Mailing Address
15450 BYA VISTA DR.
#250
CLEARWATER FL 34620
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/19/1988

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 100 N. TAMPA ST

26 100 N. TAMPA ST.

22 Suite, Apt. #, etc
Suite 2675

27 Suite, Apt. #, etc.
Suite 2675

23 City & State
TAMPA FL

28 City & State
TAMPA FL

24 Zip
33602

29 Zip
33602

9. Name and Address of Current Registered Agent

GARCIA, M.L.
15950 BAY VISTA DR.
SUITE 250
CLEARWATER FL 34620

10. Name and Address of New Registered Agent

81 Name GARCIA, MARTIN L
82 Street Address (P.O. Box Number is Not Acceptable)
100 N. TAMPA ST.
83 Suite 2675
84 City TAMPA FL 85 Zip Code 33602

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 provisions 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

4/23/98

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
GARCIA, MANUEL
STREET ADDRESS
4933 NEW PROVIDENCE RD
CITY-ST-ZIP
TAMPA FL

TITLE ☐ DELETE

NAME
GARCIA, MARTIN L.
STREET ADDRESS
101 E. KENNEDY BLVD. #3700
CITY-ST-ZIP
TAMPA FL

TITLE ☐ DELETE

NAME
GARCIA, ADELINE
STREET ADDRESS
4933 NEW PROVIDENCE RD.
CITY-ST-ZIP
TAMPA FL

TITLE ☐ 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
5216 N. GOLFVIEW WAY
TAMPA, FL 33609

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
16011 AMBERLY WAY
TAMPA, FL 33647

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 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 registered agent 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:

4/23/98
MARTIN L. GARCIA 813-225-4688

CR2E034 (10/97)