

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

PROFIT CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 21, 1999 8:00 am  
Secretary of State

04-21-1999 90102 013 \*\*\*150.00

DOCUMENT # M92477

1. Corporation Name

WARRANTY MANAGERS, INC.

Principal Place of Business

6053 LEXINGTON PK.  
ORLANDO FL 32819

Mailing Address

6053 LEXINGTON PK.  
ORLANDO FL 32819



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/02/1988

4. FEI Number

59-2911161

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 the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

GARRITY, WILLIAM J.  
6053 LEXINGTON PARK  
ORLANDO FL 32819

10. Name and Address of New Registered Agent

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

TITLE DPT ☐ DELETE  
NAME GARRITY, WILLIAM J.  
STREET ADDRESS 6053 LEXINGTON PARK  
CITY-ST-ZIP ORLANDO FL

TITLE VP ☐ DELETE  
NAME GARRITY, FRANCIS D.  
STREET ADDRESS 217 E ST JOSEPH ST  
CITY-ST-ZIP INDIANAPOLIS IN

TITLE S ☐ DELETE  
NAME BOUGHTON, MARY JANE  
STREET ADDRESS 31 FOREST VIEW CIRCLE  
CITY-ST-ZIP CICERO IN

TITLE D ☐ DELETE  
NAME GARRITY, WILLIAM JAMES  
STREET ADDRESS 4565 RUTLAND DUNN TOWNLINE RD.  
CITY-ST-ZIP OREGON WI

TITLE D ☐ DELETE  
NAME GARRITY, JAMES J  
STREET ADDRESS 6053 LEXINGTON PARK  
CITY-ST-ZIP ORLANDO FL

TITLE DS ☐ DELETE  
NAME GARRITY, FRANCES R.  
STREET ADDRESS 6053 LEXINGTON PARK  
CITY-ST-ZIP ORLANDO FL

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 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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-3-99 407 876 0929  
Date Daytime Phone #

CR2E034 (1/98)