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 # **P92000008844 (2)**

1. Corporation Name

GARRETT CONSTRUCTION CORPORATION

Principal Place of Business	Mailing Address
3723 SW 59 AVE DAVIE FL 33314 US	3723 SW 59 AVE DAVIE FL 33314 US

3. Date Incorporated or Qualified: **12/03/1992**

3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business — 21:

Suite, Apt. #, etc. — 22:

City & State — 23:

Zip — 24: Country — 25:

2a. Mailing Address — 26:

Suite, Apt. #, etc. — 27:

City & State — 28:

Zip — 29: Country — 30:

4. FEI Number: **65-0372265** ☐ 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

GARRETT, NICHOLAS
3723 SW 59 AVE
DAVIE FL 33314

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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PCDM	☐ DELETE	1.1 TITLE	C/D/M	☑ Change ☐ Addition
NAME	GARRETT, NICHOLAS		1.2 NAME	GARRETT, NICHOLAS	
STREET ADDRESS	3723 SW 59 AVE		1.3 STREET ADDRESS	3723 SW 59 AVE	
CITY-ST-ZIP	DAVIE FL		1.4 CITY-ST-ZIP	DAVIE, FL 33314	
TITLE	SM	☐ DELETE	2.1 TITLE	V/S/M	☑ Change ☐ Addition
NAME	MOORE, DOVE		2.2 NAME	MOORE, DOVE	
STREET ADDRESS	3723 SW 59 AVE		2.3 STREET ADDRESS	3723 SW 59 AVE	
CITY-ST-ZIP	DAVIE FL		2.4 CITY-ST-ZIP	DAVIE, FL 33314	
TITLE		☐ DELETE	3.1 TITLE	P	☐ Change ☑ Addition
NAME			3.2 NAME	GELLMAN, RICHARD	
STREET ADDRESS			3.3 STREET ADDRESS	15395 99 STREET NORTH	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33412	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

900001837919
-05/24/96--01017--037
***225.00

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: Dove Moore 5/10/96 (954) 321-1700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)