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May 01 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

3723 SW 59 AVE
DAVIE FL 33314
US

Mailing Address

3723 SW 59 AVE
DAVIE FL 33314-2615
US



3. Date Incorporated or Qualified 12/03/1992
3a. Date of Last Report 05/23/1996

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

2. Principal Place of Business
21 15395 99th ST. N.

Suite, Apt. #, etc.

22 City & State
23 WEST PALM BEACH, FL

24 33412 25 PALM BEACH

2a. Mailing Address
26 15395 99th STREET NORTH

Suite, Apt. #, etc.

27 City & State
28 WEST PALM BEACH, FL

29 33412 30 PALM BEACH

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 NICHOLAS GARRETT
82 Street Address (P.O. Box Number is Not Acceptable) 15395 99th STREET NORTH
83
84 City WEST PALM BEACH FL 85 Zip Code 33412

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]* Chairman / Director 4/25/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	CDM	<input type="checkbox"/> DELETE
NAME	GARRETT, NICHOLAS	
STREET ADDRESS	3723 SW 59 AVE	
CITY - ST - ZIP	DAVIE FL	
TITLE	VSM	<input type="checkbox"/> DELETE
NAME	MOORE, DOVE	
STREET ADDRESS	3723 SW 59 AVE	
CITY - ST - ZIP	DAVIE FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	GELLMAN, RICHARD	
STREET ADDRESS	15395 99 ST N	
CITY - ST - ZIP	WEST PALM BEACH FL 33412	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CDM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	GARRETT, NICHOLAS	
1.3 STREET ADDRESS	15395 99th STREET NORTH	
1.4 CITY - ST - ZIP	WEST PALM BEACH, FL 33412	
2.1 TITLE	V S M	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MOORE, DOVE	
2.3 STREET ADDRESS	15395 99th STREET NORTH	
2.4 CITY - ST - ZIP	WEST PALM BEACH, FL 33412	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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.

SIGNATURE: *[Signature]* (DOVE MOORE) 4/25/97 (561) 792-6090
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)