

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 29, 1999 8:00 am  
Secretary of State

04-29-1999 90131 043 \*\*\*150.00

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1. Corporation Name

GARRETT CONSTRUCTION CORPORATION

Principal Place of Business

15395 99TH ST N  
WEST PALM BCH FL 33412  
US

Mailing Address

15395 99TH ST N  
WEST PALM BCH FL 33412  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/03/1992

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 owes the current year intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 196.31 Green Grove Ct.  
Suite, Apt. #, etc.

2a. Mailing Address

26 196.31 Green Grove Ct.  
Suite, Apt. #, etc.

City & State

23 Loxahatchee, FL  
Zip Country

24 33470 25 USA

City & State

28 Loxahatchee, FL  
Zip Country

29 33470 30 USA

9. Name and Address of Current Registered Agent

GARRETT, NICHOLAS  
15395 99TH ST N  
WEST PALM BCH FL 33412

10. Name and Address of New Registered Agent

81 Name: Same Registered Agent  
82 Street Address (P.O. Box Number is Not Acceptable)  
196.31 Green Grove Court  
83  
84 City: Loxahatchee FL 85 Zip Code: 33470

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.

(NOT if Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
CDM  
GARRETT, NICHOLAS  
15395 99TH ST N  
WEST PALM BCH FL ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
PS  
MOORE, DOVE  
15395 99TH ST N  
WEST PALM BCH FL ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-STATE-ZIP  
☐ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-STATE-ZIP  
☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP  
☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP  
☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP  
☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-ZIP  
☐ Change ☐ Addition

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 a letter like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/99 (561) 792-6090  
Date Daytime Phone #

CR2E034 (1/98)

0368179