

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P92000010512 (1)

1. Corporation Name  
GARRETTSON FINANCIAL SERVICES, INC.



Principal Place of Business  
660 N US HWY #1  
STE A-103  
TEQUESTA FL 33469  
US

Mailing Address  
P O BOX 4500  
STE 203-296  
TEQUESTA FL 33469  
US

3. Date Incorporated or Qualified  
12/07/1992

3a. Date of Last Report  
08/07/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

29 Country

9. Name and Address of Current Registered Agent

GARRETTSON, TIMOTHY P.  
660 N US HWY 1  
STE 203-296  
TEQUESTA FL 33469

4. FEI Number  
65-0375755

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

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 the date.

Date of Registration of Change of Registered Office or Agent

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D GARRETTSON, THOMAS M  
8 WINDING WAY  
LOCUST VALLEY NY  
D

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D GARRETTSON, TIMOTHY P  
660 N US HWY 1  
TEQUESTA FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

300001927523  
-08/20/96--01163--013  
\*\*\*375.00

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 I had sworn 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 as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/96  
40175-713

CR2E034 (12/95)