

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 # P93000006322 (0)

1. Corporation Name

BRIAN FARMERIE'S GARAGE, INC.



Principal Place of Business

7904 RUTILIO CT.  
NEW PORT RICHEY FL 34653  
US

Mailing Address

7904 RUTILIO CT.  
NEW PORT RICHEY FL 34653  
US

3. Date Incorporated or Qualified  
01/26/1993

3a. Date of Last Report  
04/12/1995

2. Principal Place of Business

2a. Mailing Address

21 Same

26 Same

4. FEI Number

59-3165695

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

22  
23  
24

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FARMERIE, BRIAN W  
7904 RUTILIO CT.  
NEW PORT RICHEY FL 34653

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 PSD  
NAME FARMERIE, BRIAN W  
STREET ADDRESS 5019 LARCH LN  
CITY-ST-ZIP NEW PORT RICHEY FL 34668

1.1 TITLE PSD  
1.2 NAME Brian W. Farmerie  
1.3 STREET ADDRESS 9850 Amazon Drive.  
1.4 CITY-ST-ZIP New Port Richey, FL 34655

TITLE VTD  
NAME FARMERIE, MARIA A  
STREET ADDRESS 5019 LARCH LN  
CITY-ST-ZIP NEW PORT RICHEY FL 34668

2.1 TITLE VTD  
2.2 NAME Farmerie, Maria A.  
2.3 STREET ADDRESS 9850 Amazon Drive  
2.4 CITY-ST-ZIP New Port Richey FL 34655

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-20-96 813-846-8870

CR2E034 (12/95)