

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 APR -4 AM 10:24

DOCUMENT # **P93000007193 (4)**

1. Corporation Name  
**FLOYD GARRETT COMPANY, INC.**

Principal Place of Business: **PO BOX 1425 FERNANDINA BEACH FL 32034**  
Mailing Address: **P O BOX 1309 MONROE NC 28111-1309 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/28/1993**  
3a. Date of Last Report: **05/01/1994**

4. FBI Number: **56-1807683**  
Applied For:  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**

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business  
21. Suite, Apt #, etc.  
22. City & State  
23. Zip  
24. Country  
2a. Mailing Address  
26. Suite, Apt #, etc.  
27. City & State  
28. Zip  
29. Country

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City  
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 of signature

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: **D**  
NAME: **CATES, ARTHUR K**  
STREET ADDRESS: **8514 KILEY CT**  
CITY, ST, ZIP: **ST AUGUSTINE FL 32092**

1.1 TITLE:  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

TITLE: **D**  
NAME: **BROOME, TOMMY L**  
STREET ADDRESS: **P O BOX 1309 N/A**  
CITY, ST, ZIP: **MONROE NC**

2.1 TITLE:  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

TITLE: **P**  
NAME: **HARVEY, RAY**  
STREET ADDRESS: **1310 SOUTH 14TH STREET**  
CITY, ST, ZIP: **FERNANDINA BEACH FL**

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

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

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

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

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

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

6.1 TITLE:  Change  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 is voluntarily furnished and does not qualify for the exemption stated in Section 119 (07306), 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: *Tommy L Broome*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-28-95  
Date

704-283-9492  
Telephone #