FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

625 - 91ST AVE., N.

PROFIT CORPORATION ANNUAL REPORT

1999

Principal Place of Business

625 91ST AVE N



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **P93000033671**1. Corporation Name

GLEN GARRIS CONSTRUCTION OF NAPLES, INC.

Lus	1108	NAPLES FL 33963 US				DO NOT WRITE IN T	HIS SPACE	
,		55				3. Date Incorporated or Qualifed		
	•					05/10/1993		
2. Principal i	Place of Business	2a. Mailing Address				4. FEI Number	Ai	oplied For
21		26				65-0483935		ot Applicable
Suite, Apt	. #, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional
22		27						equired
City & Sta	(e.	City & State				6. Election Campaign Financing		May Be
Zip	Country	Zip	Coun	utm.		Trust Fund Contribution		to Fees
24	25	29	30	iu y		This corporation owes the current year Personal Property Tax.	Intangible Yes	□No
24	9. Name and Address of Current	-1	[30]			10. Name and Address of New Register		
<u> </u>			1	81 1	lame	10, 10, 10, 10, 10, 10, 10, 10, 10, 10,		
WAI	ALL APPER	=						
GES 625 91ST AVENUS PROTEIN OF SOME AND			1	82 Street Address (P.O. Box Number is Not Acceptable)				
NAPLES FL 34108			1	83				
}								
İ			1	84 (ity	· F	85 Zip	Code
11. Pursuani	to the provisions of Sections 607.0502	and 607.1508, Florida Statu	tes, the abo	ove-n	amed corpo	oration submits this statement for the purpose	of changing its	registered
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 of florid flore 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 the following florida statutes.								
SIGNATURE	Signature, typed or printed name of registered agent :	and title if applicable. (NO?	E: Registered A	lgent sig	nature required	when reinstating) DATE		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS		ORS IN 12
TITLE	P	☐ DELETE	1,1 TITU	E		48 gradin (3g)	Change	☐ Addition
NAME	WALSH, GENE		1.2 NAM	Æ				
STREET ADDRESS	1		1.3 STR	EET AD	DRESS			
CITY-ST-ZIP	NAPLES FL				.			
TITLE				Y-ST-ZII	<i>_</i>			
1	V	☐ DELETE	2.1 TITL		,		☐ Change	Addition
NAME	BERGER, PATRICIA	☐ DELETE		.E			☐ Change	Addition
NAME STREET ADDRESS	BERGER, PATRICIA 625 91 AVE N	☐ DELETE	2.1 1111.	.E Æ			☐ Change	☐ Addition
1	BERGER, PATRICIA 625 91 AVE N NAPLES FL	The second secon	2.1 TITU 2.2 NAM 2.3 STRI 2.4 CIT	E ME EET ADI Y-ST-ZI	DRESS			
STREET ADDRESS	BERGER, PATRICIA 625 91 AVE N NAPLES FL	AND AND ELETE	2.1 TITU 2.2 NAM 2.3 STRI 2.4 CITY 3.1 TITU	E ÆET ADI Y-ST-ZI	DRESS	·	☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP	BERGER, PATRICIA 625 91 AVE N NAPLES FL STD WALSH, GENE	AND AND ELETE	2.1 TITU 2.2 NAM 2.3 STRI 2.4 CIT	E ÆET ADI Y-ST-ZI	DRESS			
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	BERGER, PATRICIA 625 91 AVE N NAPLES FL STD WALSH, GENE 625 91 AVE N	AND AND ELETE	2.1 TITU 2.2 NAM 2.3 STRI 2.4 CITY 3.1 TITU	.E AE EET ADI Y-ST-ZI .E	DRESS		☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	BERGER, PATRICIA 625 91 AVE N NAPLES FL STD WALSH, GENE	Control of Delete	2.1 TITU 2.2 NAM 2.3 STRI 2.4 CIT 3.1 TITU 3.2 NAM 3.3 STRI 3.4. CIT	.E AE Y-ST-ZI .E AE EET ADI Y-ST-ZI	DRESS DRESS		☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	BERGER, PATRICIA 625 91 AVE N NAPLES FL STD WALSH, GENE 625 91 AVE N	AND AND ELETE	2.1 TITLL 2.2 NAM 2.3 STRI 2.4 CIT 3.1 TITLL 3.2 NAM 3.3 STRI 3.4. CITN 4.1 TITLL	E KE Y-ST-ZI E KE K	DRESS DRESS		☐ Change	☐ Addition
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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 all other like empowered.

FILED

Jan 21, 1999 8:00am

Secretary of State

01-21-1999 90032 010 ***150.00

941-261-6557