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

PROFIT CORPORATION ANNUAL REPORT

1998

NAME

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400001159 (0)

GARMON DELIVERIES, INC.

<u> </u>									
Principal Place of Business Mailing Addr			Iress				18404 BOSOT 11801 HIL	101 Blake eest 1001	
2612 BRAINHOLLY DRIVE VALRICO FL 33594 US		2612 BRAINHOLLY DRIVE VALRICO FL 33594 US		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified					
						01/06/1994			
	Place of Business	2a, Mailing Address			4. FEI Number		Applied For		
21		26			59-3218442		Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired		75 Additional se Required		
City & St	ate	City & State			6. Election Campaign Financing	\$5.	.00 May Be		
23	- Country	28			Trust Fund Contribution		ded to Fees		
Zip	Country	Zip	⊢	Country		8. This corporation owes or has paid t		P-14	
24	25 Same and Address of Curr	29 29 Agent	30			Personal Property Tax due June 30 10. Name and Address of New Regis		∐ No	
		on nogistarea rigent	81	Na	me	10. Harre and Address of New Progre	toled Agent		
Garmon, Diana e 2612 Br ainholly D rive			82			ess (P.O. Box Number is Not Acceptable)	<u> </u>		
V.	ALRICO FL 33594		83						
			84	84 City			Et 85	Zip Code	
i office or	r registered agent, or both, in the Sta am familiar with, and accept the obl	ate of Florida. Such change was a ligations of, Section 607.0505, Fl	authorized b orida Statute	y the	corporatio	oration submits this statement for the purp on's board of directors. I hereby accept the ad when reinstating)	Dose of changi he appointmen	ng its registered it as registered	
12.	OFFICERS A	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICER	S AND DIREC	TORS IN 12	
TITLE	D			1.1 TITLE			☐ Char	nge 🔲 Addition	
NAME	GARMON, DIANA E		1.2 NAME						
STREET ADDRESS			1.3 STREET ADDRESS		.SS				
CITY-ST-ZIP	VALRICO FL			1.4 CITY-ST-ZIP 2.1 TITLE				T-1 4 100	
TITLE	D CARMON AARON						∐ Char	nge L. Addition	
NAME STREET ADDRESS	data desirabilità del montre		2.2 NAME	2.3 STREET ADDRESS					
CITY-ST-ZIP		VALDICO PI		2.4 CITY-ST-ZIP					
TITLE	TACHOOTE	DELETE	3.1 TITLE	SI-ZIP			Char	nge Addition	
NAME			3.2 NAME					igo	
STREET ADDRESS			3.3 STREE	T ANORE	202				
CITY-ST-ZIP			3.4. CITY-		55				
TITLE		DELETE	4.1 TITLE	S1 £17			☐ Char	nge Addition	
NAME			4 2 NAME						
STREET ADDRESS	:		4 3 STREE	T ADDRE	ss				
CITY-ST-ZIP			4.4 CiTY-1						
TITLE		☐ DELETE	5.1 TITLE				☐ Char	nge Addition	
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREE	i addre	ss				
CITY-ST-ZIP			5.4 CITY - 5	ST - ZIP					
TITLE		DELETE	6.1 TITLE				☐ Chan	nge 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.

6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

6.2 NAME

FILED

Jan 22 1998 8:00am

Secretary of State