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

PROFIT CORPORATION ANNUAL REPORT

1998



Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000011022 (8)

GARNER FIVE INCORPORATED

FILED Feb 24 1998 8:00am Secretary of State



Principal Place of Business Mailing Address			- 3 TOBICER FOR FOUL CORE MANY DRIVE BOILS BEIGN TODAL TIMES ADVIR AND THE CORE	
S VERSAGOI DR 14-CONTERA DR	2 VERSAGGI DR- 14	CONTERA DR	,	
ST AUGUSTINE FL 32084 ST AUGUSTINE FL 32084		DO NOT WRITE IN THIS SPACE		
			3. Date Incorporated or Qualified 02/10/1994	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		59-3224763	Not Applicable
Suite, Apt. #, etc.	Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		6, Election Campaign Financing	\$5.00 May Be
23	28		Trust Fund Contribution	Added to Fees
Zip Country	Zip	Country	8. This corporation owes or has paid the o	
24 25 25 9. Name and Address of Current		30]	Personal Property Tax due June 30. 10. Name and Address of New Registered	Yes No
GARNER, CHARLES J	negistato Agent	81 Name		t .
-8-VERSAGGI-DR 14 Co	ONTERA DR.		TARNER, CHARLES	<u> </u>
ST AUGUSTINE FL 32084		62 Street Addre	ess (P.O. Box Number is Not Acceptable)	TO C
31 A0003114L (L 32004		83	4 CONTERA	DR.
	4	84 City <	AUGUSTINE FI	L 85 Zip Code
11. Pursuant to the previsions of Sections 607.0502	and 807/1508, Florida Statute	s, the above-named corpo	oration submits this statement for the purpose	of changing its registered
office or registered agent of both, in the Statu agent. I am familiar with such accept the fullign	of Floring Suction 607,0505. Flor	uthorized by the corporation	on's board of directors. I hereby accept the ap	pointment as registered
113 a = 10 - 111	hours	inda olajujos.	Fal 1	8 1998
SIGNATURE Support of the line to white of the goods of the agents of the same of	ravi litle n'applicable (NOTE	Flugistered Agent signature require	od when reinstating) DATE	8, 1998
12. OFFICE AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	
TITLE DPT	☐ DELETE	1.1 TITLE		Change Additio
NAME GARNER, CHARLES J	ONTERH DR	1.2 NAMÉ		
STREET ADDRESS O TEHONOON DIT	DAILKH DA	1.3 STREET ADDRESS		
CITY-ST-ZIP ST AUGUSTINE FL 32084		1.4 CITY-ST-ZIP		1 2 2
TITLE DVS	☐ DELETE	2.1 TITLE		Change Additio
NAME GARNER, CHARLOTTE I STREET ADDRESS - 2-VERSAGGI DR - 14	CONTERN DR.	2.2 NAME		
OT ALIOHOTINE PL 00004	ODITI EKII VINI	2.3 STREET ADDRESS	- ·	
0111 01 21	DELETE	2. 4 CITY-ST-ZIP		Change Addition
TITLE	בן שננונ	3.1 TIPLE		L. Change L. Astorito
NAME ATDIET ADODESS		3.2 NAME 3.3 STREET ADDRESS		
STREET ADDRESS		li l		
CITY-ST-ZIP TITLE	DELETE	3.4 CITY-ST-ZIP 4.1 TITLE		Change Addition
NAME	been	4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-SI-ZIP		4.4 City-St-Zip		
TITLE	DELFTE	5.1 TITLE		Change Additio
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-S1-ZPP		5 4 CITY - ST - ZIP		
TITLE	☐ DELFTE	61 TITLE		Change Addition
NAME)		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-2IP		6.4 CITY-ST-ZIP		
14. I hereby certify that the information supplied with	h this filing does not qualify for		Section 119.07(3)(i), Florida Statutes. I further	certify that the informatic

and accurate and that my signature shall have the same legal effect as if made under oath; that I am an ered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in