FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 13 AM 11: 24

DOCUMENT # P94000024524 (8)

1. Corporation Name

GARNET OF FLAGLER/ST. JOHNS, INC.

Principal Place of Business
3220 U.S. HIGHWAY NO. 1 SOUTH
ST. AUGUSTINE FL 32086

Mailing Address
3220 U.S. HIGHWAY NO. 1 SOUTH
ST. AUGUSTINE FL 32086

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/25/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 3220 U.S. 1 South	26 3220 U.S. 1 South
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 St. Augustine Fl.	City & State 28 St. Augustine Fl.
Zip 24 32086 / Country 25 St Johns	Zip 29 32086 / Country 30 St. Johns

4. FEI Number ~~59-[illegible]~~ 59-3229828 4-1-94 ☐ Applied For ☐ Not Applicable
$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

9. Name and Address of Current Registered Agent

PADGETT, GLENN R
10 AVIATOR WAY
ORMOND BEACH FL 32174

10. Name and Address of New Registered Agent

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	D	1 1 TITLE	Pres. ☒ Change ☐ Addition
NAME	PADGETT, GLENN R	1 2 NAME	Jonathan S. Netts
STREET ADDRESS	10 AVIATOR WAY	1 3 STREET ADDRESS	53 Rivers Edge Lane
CITY-ST-ZIP	ORMOND BEACH FL 32174	1 4 CITY-ST-ZIP	Palm Coast Fl 32137
TITLE		2 1 TITLE	Vice Pres. ☐ Change ☒ Addition
NAME		2 2 NAME	Gary Gronning
STREET ADDRESS		2 3 STREET ADDRESS	31 Captain's Walk
CITY-ST-ZIP		2 4 CITY-ST-ZIP	Palm Coast Fl 32137
TITLE		3 1 TITLE	☐ Change ☐ Addition
NAME		3 2 NAME	
STREET ADDRESS		3 3 STREET ADDRESS	
CITY-ST-ZIP		3 4 CITY-ST-ZIP	
TITLE		4 1 TITLE	☐ Change ☐ Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY-ST-ZIP		4 4 CITY-ST-ZIP	
TITLE		5 1 TITLE	☐ Change ☐ Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY-ST-ZIP		5 4 CITY-ST-ZIP	
TITLE		6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY-ST-ZIP		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(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.

SIGNATURE: [signature] 1/11/95 (904) 797-2929
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Jonathan S. Netts

0006711 CP

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

February 2, 1995

GARNET OF FLAGLER/ST. JOHNS, INC.
3220 U.S. 1 SOUTH
ST. AUGUSTINE, FL 32086

SUBJECT: GARNET OF FLAGLER/ST. JOHNS, INC.
Ref. Number: P94000024524

Please be advised, we have received your Annual Report; however, the document **has not been filed** and is being returned for the following:

The Federal Employer Identification Number listed in Block 4 is invalid. A FEI number contains nine digits. Social Security numbers are not valid.

After the corrections have been made return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Annual Report Section at (904) 487-6056.

Thank you,

Toyanna Henderson
Annual Report Section

Letter number: 395A00004442