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

PROFIT CORPORATION



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

ANNUAL REPORT
1006

1336

1. Corporation  GARLA	NEN I # P94001 NO INDUSTRIES, INC.	UU25749 (U)			
Principal Place	of Business	Mailing Address		- I TOO IL BOLL HERD TOD ILE OLINGI WORLD GEDER	BOIN GOINE NIGHT BURK SOUR BURK TEN FEGT
5917 MANATEE AVENUE W.		5917 MANATEE AVENUE #101	<b>W</b> .		
BRADENTON FL 34209		BRADENTON FL 34209			
US		U\$		3. Date Incorporated or Qualified 03/17/1994	3a. Date of Last Report 04/04/1995
2. Principal Place	ce of Business	2a. Mailing Address 26		4. FEI Number 65-0479979	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	22 27			6. Election Campaign Financing	·
23		Orty & State		Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for in	
24	25 9. Name and Address of Current		30	Florida Statutes	No Pristored Agent
			81 Name	1 1 C D	- June 19011
GARLAN	ID, C. RICHARD		82 Street Add	ress (P.O. Box Number is Not Acceptable	Cq
	ROYALE DRIVE		10104	Sandpiper	Rd. E.
SUITE 3			83	• • •	
HOLMES	S BEACH FL 34217		84 City	denton	FL 85 Zip Code 3412.09
SIGNATURE 12.	OFFICERS AND	dosticitatorismo anche DIRECTORS	Registered Agent signature require 13.	ed when renations/ ADDITIONS/CHANGES TO OFFI	
TITLE	PD	☐ DELETE	1 1 7916	D C Perhaped	Change Addition
NAME	GARLAND, C. RICHARD		1.2 NAME	barland, C. Richard 0104 Sandfiper Ro	
STREET ADDRESS	650 KEY ROYALE DRIVE HOLMES BEACH FL		1 3 STREET ADDRESS //	Stadenton, FL 343 Sarland, Gerteude 0104 Sandpiper Ro	
CITY - ST - ZIP THILE	ST ST	☐ DELETE	1.4 CilY-S1-7iP	stagenton, re 34	Change Addition
NAME	GARLAND, GERTRUDE M.	<b>—</b>	22 NAME	Sarland, Gerteude	M. Bonnigo L. Nosilon
STREET ADDRESS	650 KEY ROYALE DRIVE		23 STREET ADDRESS /	0104 Sandpiper Ro	1. E.
CHTY - ST - ZIP	HOLMES BEACH FL		24 CITY-ST ZIP	Bradenton, FL	34209
TITLE		DELETE	3 1 HILE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY - S1 - ZIP TITLE		DELETE	3.4 CITY - S7 - 7IP		Change C) Addition
NAMÉ		[] becel	4 1 TITLE 42 NAME		Change Addition
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - S1 ZiP		
TITLE		DELETE	5 1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY - ST - ZIP			5.4 CITY - S1 - 7IP		
TITLE		☐ DELETE	6 1 TITLE		Change Addition
NAME CTUSED ADDRUGE			6.2 NAME		
STREET ADDRESS			6.3 STHEET ADDRESS		
14. I do hereby	certify that the information supplied w	vith this filing is voluntarily furnish	64 CITY - ST - ZIP ned and does not qualify	for the exemption stated in Section 119.6	07(3)(k), Florida Statutes, Lfurther
certify that	the information indicated on this annua	al report or supplemental annua	I report is true and accur	ate and that my signature shall have the his report as required by Chapter 607, Flo	same legal effect as if made under

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND