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FILED

May 16 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000034885 (1)

1. Corporation Name

~~KOO & GARRINGER, INC.~~ SEE ATTACHED AMENDMENT
MCPEEK & GARRINGER, INC. NC 4-3-97

Principal Place of Business

3470 AIRCRAFT DRIVE
LAKELAND FL 33811
US

Mailing Address

P.O. BOX 5464
LAKELAND FL 33807-5464

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

05/03/1994

3a. Date of Last Report

05/01/1996

4. FEI Number

58-3239953

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$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

KOO, ROBERT W.
5858 BROOK LOOP
LAKELAND FL 33811

10. Name and Address of New Registered Agent

81 Name

LESTER G. GARRINGER

82 Street Address (P.O. Box Number is Not Acceptable)

3470 AIRCRAFT DRIVE

83

84 City

LAKELAND

FL

85 Zip Code

33811

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

LESTER G. GARRINGER

4/15/97

DATE

12. OFFICERS AND DIRECTORS

TITLE D ~~XX~~ DELETE
NAME KOO, ROBERT W
STREET ADDRESS 5858 BROOK LOOP
CITY- ST- ZIP LAKELAND FL

TITLE D ☐ DELETE
NAME GARRINGER, LESTER G
STREET ADDRESS 5879 BROOK LOOP
CITY- ST- ZIP LAKELAND FL 33811

TITLE D ~~XX~~ DELETE
NAME GARRINGER, GILBERT N
STREET ADDRESS 6802 CRESCENT LAKE DR
CITY- ST- ZIP LAKELAND FL 33813

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

4.1 TITLE D ☐ Change ☒ Addition
4.2 NAME MC PEEK, WILLIAM D.
4.3 STREET ADDRESS 100 ROAWN DRIVE
4.4 CITY- ST- ZIP OVIEDO, FL 32765

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LESTER G. GARRINGER 4/15/97 (941) 646-0030

Date

Daytime Phone #

CR2E034 (9/96)