SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/1/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
1995 AUG 10 AM 9:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000050830 (6)**

1. Corporation Name

GARON DOUGLASS ORGANIZATION, INC.

Principal Place of Business	Mailing Address
246 N WESTMONTE DR SUITE 103 ALTAMONTE SPRINGS FL 32714	246 N WESTMONTE DR SUITE 103 ALTAMONTE SPRINGS FL 32714

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/05/1994
3a. Date of Last Report:

2. Principal Place of Business — 21: 621 Sabal Lake Dr.
2a. Mailing Address — 26: P.O. Box 915142
4. FEI Number: 59-3254467 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. — 22: # 107
Suite, Apt. #, etc. — 27:
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State — 23: Longwood FL
City & State — 28: Longwood FL
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip — 24: 32779
Country — 25: USA
Zip — 29: 32791
Country — 30: USA
8. *This corporation has liability for intangible tax under s. 199.032, Florida Statutes* ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

DOUGLASS, GARON C
246 N WESTMONTE DR SUITE 103
ALTAMONTE SPRINGS FL 32714

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 621 Sabal Lake Dr. # 107
83:
84 City: Longwood **FL** 85 Zip Code: 32779

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE		☒ Change ☐ Addition
NAME	DOUGLASS, GARON C	12 NAME		
STREET ADDRESS	246 N WESTMONTE DR SUITE 103	13 STREET ADDRESS	621 Sabal Lake Dr. #107	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	14 CITY-ST-ZIP	Longwood FL 32779	
TITLE	D	21 TITLE		☐ Change ☐ Addition
NAME	WARD, F V	22 NAME		
STREET ADDRESS	P O BOX 915142 N/A	23 STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD FL 32791	24 CITY-ST-ZIP		
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	DOUGLASS, J A	32 NAME		
STREET ADDRESS	P O BOX 915142 N/A	33 STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD FL 32791	34 CITY-ST-ZIP		
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	DOUGLASS, CREEL	42 NAME		
STREET ADDRESS	P O BOX 915142 N/A	43 STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD FL 32791	44 CITY-ST-ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	KENT, J L	52 NAME		
STREET ADDRESS	P O BOX 915142 N/A	53 STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD FL 32791	54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

CR2E034 (3/95)

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(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: Garon Douglass — Aug. 5 1995 — 407-788-0297
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR DIRECTOR — Date — Daytime Phone #
Garon Douglass

0006807 CP