

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
TAMARA R. WELLS
Secretary
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 PM 2:19

DOCUMENT # P94000067533 (7)

1. Corporation Name

GAR REALTY AND PROPERTY MANAGEMENT, INC.

Principal Place of Business

11222 S ORANGE BLOSSOM TRAIL
ORLANDO FL 32837

Mailing Address

11222 S ORANGE BLOSSOM TRAIL
ORLANDO FL 32837

(PRINT OR WRITE IN THIS SPACE)

3. Date incorporated or organized

09/14/1994

3a. Date of last report

2. Principal Place of Business

21

2b. Mailing Address

26

4. FFI Number

59-3267809

Applied For

Not Applicable

22. State Agent # (if)

22

27. State Agent # (if)

27

5. Certificate of Status Debated

\$8.75 Additional
Fee Required

23. City & State

23

28. City & State

28

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24. County

24

29. County

29

30. County

30

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

RIVELLO, GERARD A
11222 S ORANGE BLOSSOM TRAIL
ORLANDO FL 32837

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Applicable)

B3

B4 City

FL

B5 Zip Code

11. I, the undersigned, for the purposes of Sections 601.02(1)(a) and 601.02(1)(b), Florida Statutes, the undersigned, current corporate secretary, this statement for the purpose of changing or registering office of registered agent or both in the State of Florida. See the language which is suffixed by the corporation's board of directors. I hereby accept this appointment as registered agent. I am familiar with and accept the responsibility of this position under Florida Statutes.

SIGNATURE

12. OFFICER, APPLICANT OR AGENT

12

NAME

STREET ADDRESS

CITY, STATE, ZIP

NAME

STREET ADDRESS

CITY, STATE, ZIP

NAME

STREET ADDRESS

CITY, STATE, ZIP

NAME

STREET ADDRESS

CITY, STATE, ZIP

NAME

STREET ADDRESS

CITY, STATE, ZIP

NAME

STREET ADDRESS

CITY, STATE, ZIP

NAME

STREET ADDRESS

CITY, STATE, ZIP

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS BY

1. NAME

2. STREET ADDRESS

3. CITY, STATE, ZIP

1. NAME

2. STREET ADDRESS

3. CITY, STATE, ZIP

1. NAME

2. STREET ADDRESS

3. CITY, STATE, ZIP

1. NAME

2. STREET ADDRESS

3. CITY, STATE, ZIP

1. NAME

2. STREET ADDRESS

3. CITY, STATE, ZIP

1. NAME

2. STREET ADDRESS

3. CITY, STATE, ZIP

1. NAME

2. STREET ADDRESS

3. CITY, STATE, ZIP

1. NAME

2. STREET ADDRESS

3. CITY, STATE, ZIP

103 WEST OAK STREET STE. C-4
KISSIMMEE, FL 34741

103 WEST OAK STREET STE. C-4
KISSIMMEE, FL 34741

REMITTED BY MAY 1

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-95

407-932-0110