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PROFIT CORPORATION ANNUAL REPORT



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FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

1999

DIVISION OF CORPORATIONS

FILED Feb 25, 1999 8:00 am **Secretary of State**

02-25-1999 90039 028 ***150.00

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GARRETT INSURANCE SERVICES, INC.	

Principal Place of Business Mailing Address 117 CHEROKEE NENE 117 CHEROKEE NENE CRESTVIEW FL 32536 CRESTVIEW FL 32536 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 12/16/1994 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 109 EARLY DR. 109 EA 9/G DR.
Suite, Apt. #, et 59-3283078 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 6. Election Campaign Financing \$5.00 May Be \Box RESTVIEW Trust Fund Contribution Added to Fees 8. This corporation owes the current year Intangible 32526 30 OKA100511 OKA1005A □No Personal Property Tax. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent GARRETT, ROY A Street Address (P.O. Box Number is Not Acceptable) 117 CHEROKEE NENE CRESTVIEW FL 32536 83 85 Zip Code City 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE PVD 11 TITLE TITLE GARRETT, ROY A 1.2 NAME 109 Engle Br. CRESTULEW, F1 32536 NAME 117 CHEROKEE NENE 1.3 STREET ADDRESS STREET ADDRESS **CRESTVIEW FL 32536** 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 2.1 TITLE STD TITLE GARRETT, OLIVE 2.2 NAME 109 Engla DN. CRESTUGUENTI 32536 NAME 117 CHEROKEE NENE 2.3 STREET ADDRESS STREET ADDRESS CRESTVIEW FL 32536 2.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE 4 1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE Change 51 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE. 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CITY-ST-ZIP

CITY-ST-ZIP 14. I 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 suppliemental 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 of the exercise 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 nent with an address, with all other like en

CR2E034 (11/98)