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Mar 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000032363 (0)

1. Corporation Name
BOB GARVIN & ASSOCIATES, INC.



Principal Place of Business

3980 GARVIN LAKE DR
PALM BAY FL 32909-6103

Mailing Address

3980 GARVIN LAKE DR
PALM BAY FL 32909-6103

3. Date Incorporated or Qualified

04/21/1995

3a. Date of Last Report

02/20/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number

59-3320228

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

GARVIN, ROBERT A
3980 GARVIN LAKE DR
PALM BAY FL 32909-6103

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 required for registered agent and for corporation

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

11	PT	☐ DELETE
NAME	GARVIN, ROBERT	
STREET ADDRESS	3980 GARVIN LAKE DRIVE	
CITY-ST-ZIP	PALM BAY FL	
12	S	☐ DELETE
NAME	GARVIN, MARSHA	
STREET ADDRESS	3980 GARVIN LAKE DRIVE	
CITY-ST-ZIP	PALM BAY FL	
13		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
14		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
15		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
16		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11	TITLE	☐ Change ☐ Addition
12	NAME	
13	STREET ADDRESS	
14	CITY-ST-ZIP	
21	TITLE	☐ Change ☐ Addition
22	NAME	
23	STREET ADDRESS	
24	CITY-ST-ZIP	
31	TITLE	☐ Change ☐ Addition
32	NAME	
33	STREET ADDRESS	
34	CITY-ST-ZIP	
41	TITLE	☐ Change ☐ Addition
42	NAME	
43	STREET ADDRESS	
44	CITY-ST-ZIP	
51	TITLE	☐ Change ☐ Addition
52	NAME	
53	STREET ADDRESS	
54	CITY-ST-ZIP	
61	TITLE	☐ Change ☐ Addition
62	NAME	
63	STREET ADDRESS	
64	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 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 of changed, or on an attachment with an address.

SIGNATURE:

Robert A. Garvin

2-3-97

Y01-723-5201

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0100022

CR2E034 (9/96)