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FILED  
May 09 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 # P96000005977 (9)

1. Corporation Name

BOB GARRETT CONSTRUCTION, INC.

Principal Place of Business

1601 MASSACHUSETTS AVENUE  
LYNN HAVEN FL 32444

Mailing Address

1601 MASSACHUSETTS AVENUE  
LYNN HAVEN FL 32444-3523

3. Date Incorporated or Qualified

01/17/1996

3a. Date of Last Report

4. FEI Number

59-3355852

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☒

Yes

☐

No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

GARRETT, ROBERT N  
1601 MASSACHUSETTS AVENUE  
LYNN HAVEN FL 32444

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

Robert N. Garrett

ROBERT N. GARRETT

D/P

4-28-97

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME GARRETT, ROBERT N  
STREET ADDRESS 1601 MASSACHUSETTS AVENUE  
CITY-ST-ZIP LYNN HAVEN FL 32444

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D/P  
1.2 NAME Garrett, Robert N.  
1.3 STREET ADDRESS 1601 Massachusetts Ave  
1.4 CITY-ST-ZIP Lynn Haven, FL 32444

2.1 TITLE V  
2.2 NAME David R. Golden  
2.3 STREET ADDRESS 1815 Clay Ave.  
2.4 CITY-ST-ZIP Panama City, FL 32405

3.1 TITLE D/S  
3.2 NAME Karrie N. Garrett  
3.3 STREET ADDRESS 1601 Massachusetts Ave.  
3.4 CITY-ST-ZIP Lynn Haven, FL 32444

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

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

6.1 TITLE  
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:

Robert N. Garrett

ROBERT N. GARRETT

4-28-97

904-271-1917

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)