**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

**Katherine Harris** 

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000011463

1. Corporation Name

GARRISON INDUSTRIES, INC.

## Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90125 043 \*\*\*150.00

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Principal Place of Business Mailing Address							
551 LAZY MEADOW DRIVE							
JACKSONVILLE FL 32225		JACKSONVILLE FL <del>02225 -</del>			DO NOT WRITE IN TH	IS SPACE	
	<del></del>			· · · · · · · · · · · · · · · · · · ·	3. Date Incorporated or Qualifed		
					02/06/1996		
2. Principal Place of Business 5060 2a. Mailing Address 5060		4. FEI Number Applied		Applied For			
21 - SONS ELIZABETH COURT WEST 26 6845 ELIZABE					1	lot Applicable	
Suite, Apt. #, et		Suite, Apt. #, etc.			<u> </u>	\$8.75	Additional
2		27			5. Certifcate of Status Desired	Fee F	Required
City & State City & State			6. Election Campaign Financing	\$5.0	May Be		
ACKSONVILLE FC 28 JACKSONVILLE, FC -		-	Trust Fund Contribution	•	I to Fees		
Zip Country Zip Country		8. This corporation owes the current year	Intangible				
4 32277 25 29 32277 30			Personal Property Tax.	🔀 Yes	□No		
	). Name and Address of Curren		<del></del>		10. Name and Address of New Registere	d Agent	
	, 142110 0100 7 001101		81	Name			
GARRIS	ON, RAYMOND T			<u> </u>	<u> </u>		<del>.</del>
	Y MEADOW DRIVE		82		ess (P.O. Box Number is Not Acceptable)	~~~~	
JACKSONVILLE FL 32225-		83 5060		ELIZABETH COURT W	<u>67¢</u>		
UNCHOO	NAMEDE LE OFFES		63	5000			
			84		COANULE F		Code
				)Acq	cration submits this statement for the purpose		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registred agent and title if applicable. (NOTE: Registred agent and title if applicable.)		Registered Age	nt signature required	ADDITIONS/CHANGES TO OFFICERS ADDITIONS/CHANGES ADDITIONS/CH	AND DIRECT	ORS IN 12	
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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 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** 

CITY-ST-ZIP