## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham 4

**FILED** 

Jun 02 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9600030467 (0)

GARRISON PLUMBING INC.

Principal Place of Business	Mailing Address			
000 REK AVENUE			·	
PALM SPAINGS FL-88418	PALM SPRINGS #2-69401-2	065		
			3. Date Incorporated or Qualified 3a. Date of Last Repo	ort
2. Principal Piace of Business 21 144 HLNFHORN.	28. Mailing Address  (1) R. 26 / 44 H/WTHO.	ANE DR		ied For Applicable
Suite, Apt #, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired See Requ	
City & State 23 PALM SPAINES 1	PL 28 PAIM SPAI		6. Election Campaign Financing \$5.00 Ms Trust Fund Contribution Added to F	Fées
Zip Countr 24 3344/ 25 /A/	M BLACI 29 33461	Country BIA	8. This corporation has liability for Intangible tax under s. 19 Florida Statutes  Yes No	99.032,
	ess of Current Registered Agent	30 7 77 77	10. Name and Address of New Registered Agent	
GLASGOW, JANE		B1 Name		
200 DEV AVENUE /4/	14 HENTHORNEDR			
AC.	777207707702707	B2 Street A	ddress (P.O. Box Number is Not Acceptable)	
PALLA COPILICO EL GOAL	B PAIMSPAINGS FL	83		
THEM OF IMICOTE COTT				3
* :	33460	A Vity	85 Zip Coo	de
44 0	· · · · · · · · · · · · · · · · · · ·	- 1 -	<u> </u>	*
office or registered agent, or both	tions 607.0502 and 607.1508, Florida St <b>atute</b> n. in the State of Florida. Such change was ai	s, the above-named c uthorized by the coroc	orporation submits this statement for the purpose of changing its re oration's board of directors. I hereby accept the appointment as reg	egistered nistered
agent. I am familiar with, and acc	cept the obligations of, Section 607.0505, Flor	rida Statutes.	industrial bodica or discossia. Trippody decopt the appointment de tog	giptored
SIGNATURE			•	
Significative typical or printed nary		Registered Agent signature re	equired when reinstating) DATE	
	PFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS I	N 12
THE President	DELETE	1.1 TITLE	lice President □ Change □	Addition
NAME Jane Glas STREET ADDRESS 144 Hentho	sqoul_	1.2 NAME	Eugene T. Garrison	
STREET ADDRESS 144 HENTHO	rde Dr	1.3 STREET ADDRESS	144 Henthust ne DT	
CITY-ST-ZIP Falm Spring	95, FL 33461	1.4 CITY-ST-ZIP	Falm Springs FL 32461	
THEE (	DEL <sub>E</sub> TE	2.1 TITLE	Change [	Addition
NAME		2.2 NAME		
STHEEL ASIDRESS		2.3 STREET ADDRESS		
CHY-ST 20°		2.4 City-St-ZiP		
TITLE	Todas	3.1 T TLE	Change [	Addition
NAME	DELEYE	3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-SI-7IP	!			
TITLE.	- Localette	3.4. CITY-ST-ZIP 4.1 TITLE	☐ Change ☐	Addition
	☐ DElega			Addition
NAME	<b>j</b> .	4. 2 NAME		
STREET ADDRESS	, ·	4.3 STREET ADDRESS		
C(1Y+S(+Z))2		4.4 CITY - ST - ZIP		
TITLE	DELETE	5.1 TITLE	Change L	Addition
NAME	1	5 2 NAME		
STREET ADORESS	<b>!</b>	5.3 STREET ADDRESS		
C(TY+ST-ZIP		5.4 CITY-ST-ZIP		
TIPLE	☐ DELETE	6.1 TITLE	Change	Addition
NAME		62 NAME		
STREET ADORESS		63 STREET ADDRESS		
CITY+ST-ZIP	ř	64 CiTY-SY-ZIP	•	
14. I do hereby certify that the informa-	ation supplied with this filing does not qualify	for the exemption sta	ited in Section 119.07(3)(i), Florida Statutes. I further certify that the	)
information indicated on this annu	ual report or supplemental annual report is tru	ue and accurate and th	hat my signature shall have the same legal effect as if made under port as required by Chapter 607, Florida Statutes; and that my nam	r oath: that