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May 04, 1999 8:00 am  
Secretary of State

05-04-1999 90042 042 \*\*\*150.00

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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000101915

1. Corporation Name

GARNER ENTERPRISES, INC.

Principal Place of Business  
462 NORTH SHORE DRIVE  
OSPREY FL 34229

Mailing Address  
462 NORTH SHORE DRIVE  
OSPREY FL 34229

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/09/1996

4. FEI Number

65-0711628

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 owes the current year Intangible  
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

21 1811 Bayshore Rd  
Suite, Apt. #, etc.

2a. Mailing Address

26 1811 Bayshore Rd  
Suite, Apt. #, etc.

City & State

23 Nokomis FL

City & State

28 Nokomis FL

Zip

24 34275

Country

Zip

29 34275

Country

30

9. Name and Address of Current Registered Agent

GARNER, GARY R  
462 NORTH SHORE DRIVE  
OSPREY FL 34229

10. Name and Address of New Registered Agent

81 Name

GARNER, GARY R

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

1811 Bayshore Rd

83

84 City

Nokomis

FL

85 Zip Code

34275

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)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME GARNER, GARY R  
STREET ADDRESS 462 NORTH SHORE DRIVE  
CITY-ST-ZIP OSPREY FL 34229

TITLE D ☐ DELETE

NAME GARNER, DEBRA L  
STREET ADDRESS 462 NORTH SHORE DRIVE  
CITY-ST-ZIP OSPREY FL 34229

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE (Same) ☒ Change ☐ Addition

1.2 NAME (Same)

1.3 STREET ADDRESS 1811 Bayshore Rd

1.4 CITY-ST-ZIP Nokomis FL 34275

2.1 TITLE (Same) ☒ Change ☐ Addition

2.2 NAME (Same)

2.3 STREET ADDRESS 1811 Bayshore Rd

2.4 CITY-ST-ZIP Nokomis FL 34275

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Debra L. Garner, Director 4/29/99 941 412-0427

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/198)