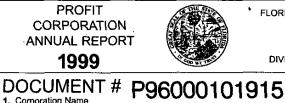
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

GARNER ENTERPRISES, INC.

1. Corporation Name



DIVISION OF CORPORATIONS

May 04, 1999 8:00 am Secretary of State FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State

05-04-1999 90042 042 ***150.00

IIVE	

Principal Plac	e of Business	Mailing Address			1 (00)(03) (10	IBILA MILLI MALLI DI	IIII meimi iimii	WELET 14849 18481	ILBOC BIEL CORC
462 NORTH SH OSPREY FL 34		462 NORTH SHORE DRIVE OSPREY FL 34229				DO NOT WRI	TE IN THIS	SPACE	
				-	3. Date Incorporate		TE NY TING	J J A A A A A A A A A A A A A A A A A A	
				f	12/09/1996				
2. Principal P	Place of Business,	2a. Mailing Address	~ 1		4. FEI Number			Ap	plied For
21 1811	boushorekd	26 1811 bausho	re Kol		65-0711628			No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Sta	tus Desired		\$8.75	1
22	<u>: </u>	27			2. Collingue of original			Fee Re	
City & Stat	omis IL	City & State 28 NOKOMIS	R		6. Election Campa Trust Fund Con	-		\$5.00 Added	
ファンス	Country	スロックス I	Country	ĺ	8. This corporation		ent year In		
24 242	25		0		Personal Proper 10. Name and Add		Panietarad	Yes	□No
	9. Name and Address of Current	Registered Agent	81 Name	-	to. Name and Add	less of New 1	(agistered	Agent	
GAR	NER, GARY R			Ut	MORK, CH	try 5			
462	NORTH SHORE DRIVE		82 Street	Addres	(P.O. Box Number		ngie)		
OSP	REY FL 34229		83	101	1 Coggi	<u>, , , , , , , , , , , , , , , , , , , </u>			
	·		04 00		 -				
	. •		84 City	N	lokomis		FL	_ 85 Zip {	39275
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	f Florida. Such change was auth	norized by the corpo	corpora	tion submits this sta	tement for the I hereby accep	purpose of of the appoi	changing its intment as re	registered gistered
SIGNATURE	•	,							1
	Signature, typed or printed name of registered agent		egistered Agent signature r	required wh			DATE		
12.	OFFICERS AND	D DIRECTORS	13.	150	ADDITIONS/CHA	NGES TO OF	FICERS A	Change	Addition
TITLE	i d Garner, gary r	EJ DELLIE	1.1 TITLE 1.2 NAME	(SA) (SA)				9 Clonarigo	
NAME OTDEET ADDRESS	462 NORTH SHORE DRIVE		1.3 STREET ADDRESS	100	Baysho	co Rd			ļ
STREET ADDRESS	OSPREY FL 34229		1.4 CITY-ST-ZIP	No	Komis FL	3427	Ċ		
CITY-ST-ZIP TITLE	D	DELETE	2.1 TITLE	, ,	me)	. <u> </u>	<u> </u>	Change	☐ Addition
NAME	GARNER, DEBRA L		2.2 NAME		mes	. .		<i>-</i>	_
STREET ADDRESS	462 NORTH SHORE DRIVE		2.3 STREET ADDRESS	181	1 Bayshor	re Rd			
CITY-ST-ZIP	OSPREY FL 34229 -		2."4 CITY-ST-ZIP	Nol	Komis' FL	3427	5 -	- - 1	·
TITLE	ł	DELETE	3.1 TITLE					Change	Addition
NAME			3.2 NAME						
STREET ADDRESS	•		3.3 STREET ADDRESS			•			
CITY-ST-ZIP			3.4, CITY-ST-ZIP						
TITLE		☐ DELETE	4.1 TITLE				•	☐ Change	Addition
NAME	•		4. 2 NAME		,	,			
STREET ADDRESS	•		4.3 STREET ADDRESS						
CITY-ST-ZIP			4.4 CITY-ST-ZIP	ļ				Channe	□ Addition
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME					Change ·	☐ Addition
NAME					•	.*		•	
STREET ADDRESS			5.3 STREET ADDRESS				•		}
CITY-ST-ZIP		□ DELETE	5.4 CITY-ST-ZIP 6.1 TITLE	 				☐ Change	Addition
TITLE		□ pereie	6.2 NAME					m -uminga	
NAME	SEA ST. THANK		6.3 STREET ADDRESS						
STREET ADDRESS		:		1					I

6.4 CITY-ST-ZIP 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 porporation 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.

412-0427 **SIGNATURE:**