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PROFIT CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000033482 (5)

FILED Feb 05 1998 8:00am Secretary of State

GARRICO OF JAX, INC.				
Principal Place of Business	Mailing Address		I I DE GENER AIG THEIL FURGE GUITH MUSEL ONION	411120 41471 Q1001 TUTLO 619 \$001
5040 BLANDING BLVD.	5040 BLANDING BLVD.	_		
JACKSONVILLE FL 32210 JACKSONVILLE FL 32210		0	DO NOT WRITE IN TH	IIS SPACE
			3. Date Incorporated or Qualified	
			04/11/1997	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		59-3444924	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22	27 City & Clate	·		Fee Required
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	Zip	Country	8. This corporation owes or has paid the	
24 25	29	30	Personal Property Tax due June 30.	Yes No
g. Name and Address of Curren			10. Name and Address of New Registere	
GOODMAN, JONATHAN H ESQ.		81 Name	anne C. Gazzieni	
1377 CASSAT AVE			Regory G. GARRISON Idress (P.O. Box Number is Not Acceptable)	
JACKSONVILLE FL 32205		110		
		83		
		84 City		85 Zip Code
		1 1	acksonville F	L 3 2257
				4 -1 - 1 - 1 - 1
11. Pursuant to the provisions of Sections 607,0502	2 and 607.1508, Florida Statu	tes, the above-named co	orporation submits this statement for the purpose	e of changing its registered
11. Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State agent, I am familia, with, and accept the obligations of the section	2 and 607.1508, Florida Statu of Florida, Such change was atlons of, Section 607.0505, F	tes, the above-named co authorized by the corpor lorida Statutes.	orporation submits this statement for the purpose ration's board of directors. I hereby accept the a	e of changing its registered appointment as registered
11. Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State agent, I am familiar with and accept the obligations of Signature.	2 and 607.1508, Florida Statu of Florida. Such change was ations of, Section 607.0505, F	tes, the above-named or authorized by the corpor lorida Statutes.	orporation submits this statement for the purpose ration's board of directors. I hereby accept the a	e of changing its registered appointment as registered
SIGNATURE Signature, typed or printed name of registered ager	C CARRISON nt and title if applicable. (NO	tes, the above-named or authorized by the corpor lorida Statutes. Lat Sec. TE: Registered Agent signature rec	//14/	e of changing its registered appointment as registered
SIGNATURE Signature, typed or printed name of registered ager 12. OFFICERS AND	C CARRISON nt and title if applicable. (NO D DIRECTORS	TE: Registered Agent signature red	quired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	98 AND DIRECTORS IN 12
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14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida 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:

Your FG G GAREISON PLOS.

904 777 2022