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

2a. Mailing Address

Suite, Apt. #, etc.

26

27

**PROFIT CORPORATION ANNUAL REPORT** 

1998

Principal Place of Business

Suite, Apt. #, etc.

21



ELORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000036963 (1)

GARCIA BUILDING COMPANY

DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

Fee Required

Not Applicable

3. Date Incorporated or Qualified 03/25/1997

Applied for

5. Certificate of Status Desired

**FILED** 

Apr 30 1998 8:00am

Secretary of State

| Principal Place of Business | Mailing Address           |
|-----------------------------|---------------------------|
| 411 E. NELSON AVE.          | 411 E. NELSON AVE.        |
| DEFUNIAK SPRINGS FL 32433   | Defuniak springs fl 32433 |

| City & Stat                                     | <u> </u>                        | <del></del>                                  |        | City & State            |           |              |                    | <del>  -</del> -                  |   |                |             |          |                   |
|---|---------------------------------|--|--------|-------------------------|-----------|--------------|--------------------|-----------------------------------|---|----------------|-------------|----------|-------------------|
| 3   |                                 |  | 28     |                         |           |              |                    |                                   | Election Campaign Financing Trust Fund Contribution                       | <u></u>        |             |          | May Be<br>Fees    |
| Zip   | Count                           | ry   |        | Zip                     | <u> </u>  | untry        |                    |                                   | This corporation owes or has paid   |                | ent year    |          |                   |
| 4   | 25                              |  | 29     |                         | 30        |              |                    |                                   | Personal Property Tax due June 30   |                | Yes         | <u> </u> | No                |
|   | 9, Name and Addr                | ess of Current Re                            | egis   | tered Agent             |           |              |                    | 10.                               | Name and Address of New Regis   | tered A        | gent        |          |                   |
| GA  | rcia, ruben                     |  |        |                         |           | 81           | Name               |                                   |   |                |             |          |                   |
| 411 E. NELSON AVE.<br>DEFUNIAK SPRINGS FL 32433 |                                 |  |        |                         | 82        | Street Add   | ress (P            | .O. Box Number is Not Acceptable  | <u> </u>  |                |             |          |                   |
|   |                                 |  |        |                         | أتتا      | Shoot ridd   |                    | to. Do. Hambor to Not Hoodplable, | ,   |                |             |          |                   |
|   |                                 |  |        |                         |           | 83           |                    |                                   |   |                |             |          |                   |
|   |                                 |  |        |                         |           | 84           | City               |                                   |   |                | los I -     | Zin C    |                   |
|   |                                 |  |        |                         |           | 04           | Oily               |                                   |   | FL             | <b>85</b> Z | Zip C    | MA                |
|   |                                 |  |        |                         |           |              |                    |                                   | n submits this statement for the purpoper of directors. I hereby accept t |                |             |          |                   |
| agent. I a                                      | m familiar with, and ac         | cept the obligation                          | is o   | f, Section 607.0505, Fl | orida Sta | tutes        | i.                 | cond D                            | asses of angeloid. Thoropy accopt t                                       | appe           |             | . 40 11  | . g. 0,0100       |
| SIGNATURE                                       |                                 | ,,   |        | -, · · · · ·            |           | <del>-</del> | - <del></del>      |                                   |   |                |             |          |                   |
| 12.   | Signature, typed or printed nan | e of registered agent and<br>DEFICERS AND DI |        |                         |           | d Age        | nt signature requi |                                   | reinslating) ADDITIONS/CHANGES TO OFFICEF                                 | DATE<br>OR AND | DIDECT      | 1000     | INI 12            |
| TITLE   |                                 | N LICETO VIAD DI                             | irst 3 | DELETE                  | 13.       | TI F         | H.                 |                                   | President   |                | Chan        |          | Additi            |
| VAME  |                                 |  |        |                         | 1.2 N     |              | ß                  | الماطاء                           | e Garan   |                |             | 8"       | , 100H            |
| STREET ADDRESS                                  |                                 |  |        |                         |           |              | ADDRESS 5          | 18 1                              | y c (ovilough Rd  |                |             |          |                   |
| CITY-ST-ZIP                                     |                                 |  |        |                         | 1         | 17Y - S1     | 1, 7(P D           | بر رباء                           | iak Springs Fla. 32433  | 3              |             |          |                   |
| ITLE  |                                 |  |        | DELETE                  | 2.1 TI    |              | 1-216              | ~ ( - ''                          | · · · · · · · · · · · · · · · · · · ·                                     |                | Chane       | ge       | Additi            |
| VAME I  |                                 |  |        |                         | 2.2 N     |              |                    |                                   |   |                | _           | -        |                   |
| TREET ADDRESS                                   |                                 |  |        |                         | 1         |              | ADDRESS            |                                   |   |                |             |          |                   |
| CITY-ST-ZIP                                     | i                               |  |        |                         | 1         | HY-S         | 1                  |                                   |   |                | •           |          |                   |
| ITLE  |                                 |  |        | DELFTE                  | 3.1 (     |              |                    |                                   |   |                | Chan        | ge       | Additi            |
| NAME  |                                 |  |        |                         | 3.2 N     | AME          |                    |                                   |   |                |             |          |                   |
| STREET ADDRESS                                  |                                 |  |        |                         | 3.3 \$    | TREET A      | ADDRESS            |                                   |   |                |             |          |                   |
| DITY-ST-ZIP                                     |                                 |  |        |                         | 3.4. C    | iTY-S        | 1 - ZIP            |                                   |   |                |             |          |                   |
| TITLE   |                                 |  |        | DELETE                  | 4.1 Tr    | TLE          |                    |                                   |   |                | Chan        | ge       | Additio           |
| NAME  |                                 |  |        |                         | 4.2 N     | IAME         | )                  |                                   |   |                |             |          |                   |
| STREET ADDRESS                                  |                                 |  |        |                         | 4.3 \$    | TREET .      | ADDRESS            |                                   |   |                |             |          |                   |
| ITY-ST-ZIP                                      | <u> </u>                        |  |        |                         | 4.4 C     | 11Y-S1       | I - ZIP            |                                   | ···   |                |             |          |                   |
| TLE   |                                 |  |        | DELETE                  | 5.1 Ti    | TLE          |                    |                                   | ,   | [              | Chang       | ge       | Addition Addition |
| IAME  |                                 |  |        |                         | 5.2 N     | AME          | 1                  |                                   |   |                |             |          |                   |
| STREET ADDRESS                                  | 1                               |  |        |                         | 5.3 S     | TREET        | address            |                                   |   |                |             |          |                   |
| HTY-ST-24P                                      | ·                               |  |        |                         |           | 11Y-S1       | I-ZIP              |                                   |   |                |             |          | T-1".             |
| TTLE  |                                 |  |        | DELETE                  | 6.1 TI    | TLF          | -                  |                                   |   | [              | Chang       | ge       | Addition Addition |
| LAME  |                                 |  |        |                         | 6.2 N     | AME          | Į.                 |                                   |   |                |             |          |                   |
| STREET ADDRESS                                  |                                 |  |        |                         | 6.3 S     | TREET A      | ADDRESS            |                                   |   |                |             |          |                   |
| CITY-ST-ZIP                                     | İ                               |  |        |                         | 640       | TY-ST        | r. 7(P             |                                   |   |                |             |          |                   |

Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statules, 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 Statules; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

RNATIBE.

RULE Communication Statules, I further certify that the information indicated in Section 119.07(3)(i), Florida Statules, I further certify that the information indicated in Section 119.07(3)(i), Florida Statules, I further certify that the information indicated in Section 119.07(3)(i), Florida Statules, I further certify that the information indicated in Section 119.07(3)(ii), Florida Statules, I further certify that the information indicated in Section 119.07(3)(ii), Florida Statules, I further certify that the information indicated in Section 119.07(3)(ii), Florida Statules, I further certify that the information indicated in Section 119.07(3)(ii), Florida Statules, I further certify that the information indicated in Section 119.07(3)(ii), Florida Statules, I further certify that the information indicated in Section 119.07(3)(ii), Florida Statules, I further certify that the information indicated in Section 119.07(3)(ii), Florida Statules, I further certify that the information indicated in Section 119.07(3)(ii), Florida Statules, I further certify that the information indicated in Section 119.07(3)(ii), Florida Statules, I further certify that the information indicated in Section 119.07(3)(ii), Florida Statules, I further certify that the information indicated in Section 119.07(3)(ii), Florida Statules, I further certify that the information indicated in Section 119.07(3)(ii), Florida Statules, I further

CIGNATURE.