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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000077660 (3)

GARSHAR CORPORATION

FILED May 11 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 8924 BEACON ST 8924 BEACON ST FT MYERS FL 33907 FT MYERS FL 33907 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/08/1997 2, Principal Place of Business 2a. Mailing Address Applied For Not Applicable 21 26 Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Zφ Country 8. This corporation owes or has paid the current year Intangible No Yes Yes 24 25 30 Personal Property Tax due June 30. 29 p. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent RENNER, GARY L 8924 BEACON ST Street Address (P.O. Box Number is Not Acceptable) FT MYERS FL 33907 R3 Zip Code 11. Pursuant to the provisions of Sociions 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 agont and little if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition 1.1 TITLE TITLE RENNER, GARY L 1.2 NAME NAME 8924 BEACON ST STREET ADDRESS 1.3 STREET ADDRESS FT MYERS FL 33907 CITY-ST-ZIP 1.4 CITY - \$1 - ZIP ☐ Change DELETE Addition TITLE 2.1 TITLE NAME RENNER, SHARON M 2.2 NAME 8924 BEACON ST STREET ADDRESS 2.3 STREET ADDRESS FT MYERS FL 33907 CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE . 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP Change DELETE Addition TITLE 4.1 TIBLE 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-\$1-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 City-St-ZiP DELETE Change Addition TITLE 61 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. Thereby 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.

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Gary L Renner

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