

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S17070** (1)

1. Corporation Name:

DESTIN MEDICAL EQUIPMENT, INC.



Principal Place of Business

Mailing Address

**6 PAHOKEE LANE
DESTIN FL 32541
US**

**P.O. BOX 5057
DESTIN FL 32540
US**

3. Date Incorporated or Qualified

12/03/1990

3a. Date of Last Report

05/01/1995

4. FEI Number

59-3041411

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business
6 PAHOKEE LANE

Suite, Apt. #, etc

City & State

Destin FL

Zip

32541

Country

USA

2a. Mailing Address

P.O. BOX 5057

Suite, Apt. #, etc

City & State

Destin FL

Zip

32540

Country

USA

9. Name and Address of Current Registered Agent

**GARRISON, JANET
811 WILD OAK AVE.
DESTIN FL 32541**

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City

FL

85. Zip Code

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 of principal director or registered agent and if not applicable:

(NOTE: Registered Agent's signature required when reinstating.)

Date

6/20/96

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **GARRISON, DUANE**
STREET ADDRESS **6 PAHOKEE LANE**
CITY - ST - ZIP **DESTIN FL**

TITLE **VSD** ☐ DELETE
NAME **GARRISON, JANET**
STREET ADDRESS **6 PAHOKEE LANE**
CITY - ST - ZIP **DESTIN FL**

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

11. TITLE ☐ Change ☐ Addition

12. NAME

13. STREET ADDRESS

14. CITY - ST - ZIP

21. TITLE ☐ Change ☐ Addition

22. NAME

23. STREET ADDRESS

24. CITY - ST - ZIP

31. TITLE ☐ Change ☐ Addition

32. NAME

33. STREET ADDRESS

34. CITY - ST - ZIP

41. TITLE ☐ Change ☐ Addition

42. NAME

43. STREET ADDRESS

44. CITY - ST - ZIP

51. TITLE ☐ Change ☐ Addition

52. NAME

53. STREET ADDRESS

54. CITY - ST - ZIP

61. TITLE ☐ Change ☐ Addition

62. NAME

63. STREET ADDRESS

64. CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Janet Garrison 6/20/96 9046845570

CR2E034 (3/96)