

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

FILED  
Feb 27 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **S30511** (7)

1. Corporation Name:  
**GARVIE + GARVIE MARKETING, INCORPORATED**

Principal Place of Business

**400 N. NEW YORK AVE.  
SUITE 200  
WINTER PARK FL 32789**

Mailing Address

**3076 ZAHARIAS DRIVE  
ORLANDO FL 32837-7010**



2. Principal Place of Business

21 **4403 Vineland Road**

Suite, Apt. #, etc.

22 **Suite B13**

City & State

23 **Orlando, FL**

Zip

24 **32811**

Country

25

2a. Mailing Address

26 **4403 Vineland Road**

Suite, Apt. #, etc.

27 **Suite B13**

City & State

28 **ORLANDO, FL**

Zip

29 **32811**

Country

30

3. Date Incorporated or Qualified

**02/08/1991**

3a. Date of Last Report

**10/07/1996**

4. FEI Number

**59-3053643**

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional

Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be

Trust Fund Contribution

Added to Fees

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

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

**PEARLMAN, CRAIG ESO  
201 SOUTH ORANGE AVENUE-  
SUITE 900  
ORLANDO FL 32802**

10. Name and Address of New Registered Agent

81 Name

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

**940 HIGHLAND AVE**

83

84 City

**ORLANDO**

**FL**

85 Zip Code

**32803**

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**2/24/97**

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **P GARVIE, JAMES A. JR.**

STREET ADDRESS **3076 ZAHARIAS DR.**

CITY-ST-ZIP **ORLANDO FL 32837**

TITLE ☐ DELETE

NAME **V GARVIE, LINDA L.**

STREET ADDRESS **3076 ZAHARIAS DR.**

CITY-ST-ZIP **ORLANDO FL 32837**

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

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 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:

**J.A. Garvie, Jr.**

**1/16/97**

**(407) 648-4299**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (9/96)