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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## **DOCUMENT # \$66832**

GARTEC PRODUCTIONS, INC.

Principal Place of Business 280 BAY AVE. DEFUNIAK SPRINGS FL 32433

2. Principal Place of Business

Mailing Address

2a. Mailing Address

280 BAY AVE.

DEFUNIAK SPRINGS FL 32433

US

26

## FILED Jan 26, 1999 8:00am Secretary of State

01-26-1999 90045 014 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

Applied For

Not Applicable

3. Date Incorporated or Qualifed

07/17/1991 4. FEI Number

59-3070768

Suite, Apt.	#, etc.	Suite, Apt. #, e	tc.		4	5. Certificate of Status Desired		<b>\$8.75</b> A Fee Re	
2		27							<del>-</del>
_ City & State	•	City & State				6. Election Campaign Financing		\$5.00	•
3		28			· · ·	Trust Fund Contribution		Added to	rees
Zip	Zip Country Zip			Country		8. This corporation owes the cu	rrent year Inta		□No
4				30		Personal Property Tax. Yes No  10. Name and Address of New Registered Agent			
	9. Name and Address of Current	Registered Agent		81	Name	10. Name and Address of New	Registered /	-yen	
DICL	IOD CHTADETH M			"	Name				
BISHOP, ELIZABETH M. 280 BAY, AVENUE 3				82 Street Ad		ss (P.O. Box Number is Not Accep	table)		
							1.4 (3) 11	<u> </u>	
DEF	UNIAK SPRINGS FL 32433			83			1415		
· •	Control of the second			84	City		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	85 Zip C	ode
				04	City		FL		
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change	e was authorized 505, Florida Stat	d by th tutes.	e corporation	n's board of directors. I hereby acc	ept tile appoi	ntment as reg	jistered
	Signature, typed or printed name of registered agent		(NOTE: Registered		ignature required	when reinstating)	DATE AN	D DIRECTO	DC IN 12
12.	OFFICERS ANI		13.		<del></del>	ADDITIONS/CHANGES TO C	FFICERS AN	Change	Addition
TITLE	PD	☐ DEL	.ETE 1.1 Ti	ITLE				[_] Criange	
NAME	BISHOP; ELIZABETH M.		1.2 N	AME		•			
STREET ADDRESS	280 BAY AVE.		1.3 S	TREET A	DDRESS				
CITY-ST-ZIP	DEFUNIAK SPRINGS FL		1.4 C	TY-ST-Z	ZIP				
TITLE	SD	☐ DELETE 2.1		TITLE .				☐ Change	Addition
NAME	VANSLATE, GENEVIEVE M.		2.2 N	AME					
STREET ADDRESS	11526 DUNLAP		2.3 \$	TREET A	DORESS				
CITY-ST-ZIP	HOUSTON TX		2.40	CITY-ST-	ZIP				
TITLE .	D .	☐ DEI						Change	Additio
NAME	ZIMERLE, CAROLYN M.		32 N	IAME					
• 7. 1.	1028 FALCONCREST			TREET A	DDRESS .			•	
STREET ADDRESS	LAWRENCEVILLE GA			CITY-ST-					्य भी 👵
CITY-ST-ZIP		☐ DEI			ZIF	•		Change	Additio
TITLE	D CALAY TAMEE M	_ 52.		VAME				·= *	•
NAME	CALAY, TAWEE M.	*			DDDCCC				
STREET ADDRESS	l	er i			DORESS				
CITY-ST-ZIP	TALLAHASSEE FL 32308	□ DEI		ITY-ST-				[] Change	Additio
TITLE	D			IILE IAME		*		- Out.,90	
NAME	MANNING, WAYNE O JR				DODECC	•			
STREET ADDRESS	1135 PONTE VEDRA BLVD			TREET A					
CITY-ST-ZIP	PONTE VEDRA BCH FL			ITY-ST-	ZIP			Chance	□ Addrisia
TITLE 380	THE BOOK IN					•		☐ Change	☐ Additio
	[[시학 등에게 뭐 뭐 !!		6.2 N	IAME	ļ				
NAME									
NAME STREET ADDRESS			6.3 S	TREETA	DORESS				
NAME STREET ADDRESS CITY-ST-ZIP	certify that the information supplied with		6.4 0	CITY-ST-	ZIP .				

4. I 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 informatio 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, with all other like empowered.

SIGNATURE

WHITE AND TOPED OF PRINTED NAME OF AGNING OFFICER OF DIRECTOR M. BISHOP Date 9, 1999

CRZE034 (11/98)