FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

FILED
Aug 08 1996 8:00 am
Secretary of State

DOCUMENT # **174957** **(1)**

1. Corporation Name
THE GARDEN SANCTUARY, INC.

Principal Place of Business
~~7060 - 19107 N~~ 3433 E. Forest Lakes Dr.
~~SEMINOLE FL 33542~~
~~US~~ 34232

Mailing Address
~~2044 CONSTITUTION BLVD.~~
~~SARASOTA FL 34231~~
US 34232

3. Date Incorporated or Qualified: 06/21/1953
3a. Date of Last Report: 12/15/1995

2. Principal Place of Business
21 3433 E. FOREST LAKES DR.
Suite, Apt. #, etc.
22

2a. Mailing Address
26 3433 E. FOREST LAKES DR.
Suite, Apt. #, etc.
27

4. FEI Number: 59-0826239 ☐ 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

City & State
23 SARASOTA, FL

City & State
28 SARASOTA, FL.

Zip 24 34232 Country 25 SARASOTA

Zip 29 34232 Country 30 SARASOTA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

ROSS, PETER
~~2044 CONSTITUTION BLVD.~~
SARASOTA FL ~~34231~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 3433 E. Forest Lakes Dr.
83
84 City FL 85 Zip Code 34232

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 _____ DATE
Signature, typed or printed name of registered agent, and title if applicable (Each Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P LINDENAU, DONNA ~~2044 CONSTITUTION BLVD.~~ SARASOTA FL 34321	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	D 2309 Outer Dr.	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ROSS, PETER 3433 E. FOREST LAKES DR. SARSOTA FL 34232	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HEGNER, MARGARET 3435 FOX RUN RD.#245 SARSOTA FL 34231	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	900001917586 -08/03/96--01024--019 ***2025.00	☐ Change ☐ Addition 8/8, 12

CR2E034 (12/95)

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)(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: Donna Lindenau Pres. 8/1/96 (941) 922-2857
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #