


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED
AND
FILED

①

1997 JUL 30 PM 1:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE, Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 292922 (2)

1. Corporation Name
ROCKLEDGE GARDENS, INC.



Principal Place of Business 2153 SOUTH UNITED STATE HIGHWAY NO 1 ROCKLEDGE FL 32955	Mailing Address 2153 SOUTH UNITED STATE HIGHWAY NO 1 ROCKLEDGE FL 32955
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 05/01/1965	3a. Date of Last Report 04/26/1996
4. FEI Number 59-1096580	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**WITTE, HARRY L, JR
2153 US HIGHWAY 1 S
ROCKLEDGE FL 32955**

10. Name and Address of New Registered Agent

81 Name

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

83 **100002257821--4**

84 City

~~08/05/97-01042-004~~
******165.00**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	WITTE, HARRY L, JR	
STREET ADDRESS	2153 U.S. HIGHWAY 1 S	
CITY-ST-ZIP	ROCKLEDGE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WITTE, MARY B	
STREET ADDRESS	2153 U.S. HIGHWAY 1 S	
CITY-ST-ZIP	ROCKLEDGE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RILEY, KEVIN	
STREET ADDRESS	2153 US HWY 1 S	
CITY-ST-ZIP	ROCKLEDGE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RILEY, THERESA	
STREET ADDRESS	2153 US HWY 1 S	
CITY-ST-ZIP	ROCKLEDGE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Mary L. Witte	
1.3 STREET ADDRESS	17 Fernwood Dr.	
1.4 CITY-ST-ZIP	Rockledge, FL 32955	
2.1 TITLE	Vice-President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Mary B. Witte	
2.3 STREET ADDRESS	17 Fernwood Dr.	
2.4 CITY-ST-ZIP	Rockledge, FL 32955	
3.1 TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Kevin L. Riley	
3.3 STREET ADDRESS	1393 Martin Rd.	
3.4 CITY-ST-ZIP	Rockledge, FL 32955	
4.1 TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Theresa W. Riley	
4.3 STREET ADDRESS	1393 Martin Rd.	
4.4 CITY-ST-ZIP	Rockledge, FL 32955	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

WSP 7/20/97

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 *Theresa W. Riley*

CR2E034 (4/97)

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Rockledge Gardens Incorporated

Nursery • Garden Center • Landscape Contractors

July 24, 1997

Florida Dept. of State
Division of Corporations
Annual Reports Section
P. O. Box 1500
Tallahassee, FL 32302-1500

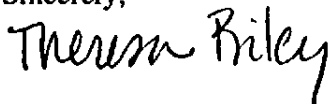
RE: Late Filing of 1997 Profit Corporation Annual Report

Dear Florida Dept. of State:

We have just received the "2nd Notice" for our "1997 Profit Corporation Annual Report". However, we had not received a "1st Notice" or any notice prior to the receipt of the "2nd Notice". Therefore, we are requesting that the late filing fee be waived. We have enclosed a check in the amount of \$165.00 which is the 1st Notice filing fee amount.

We would very much appreciate your consideration in this matter.

Sincerely,



Theresa Riley, Manager
ROCKLEDGE GARDENS, INC.

TR/mab

Enclosure

