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FILED

Mar 27 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT

1997

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

DOCUMENT # 724557 (4)

1. Corporation Name

GARDENS 101, INC. THE

Principal Place of Business

100 ASPEN CRCL
SEMINOLE FL 34647-0946
33777

Mailing Address

100 ASPEN CRCL
SEMINOLE FL 34647
337773. Date Incorporated or Qualified
10/17/19723a. Date of Last Report
02/05/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number
59-1426381Applied For
Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMITH, ORVILLE
117 ASPEN CIR
SEMINOLE FL 34647

81 Name

RALPH M. WEER

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

104 ASPEN CIRCLE

83

84 City

SEMINOLE

FL

85 Zip Code
33777

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Ralph M. Weer

Ralph M. Weer

3-22-97

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	XX DELETE
NAME	JOY, ROBERT	
STREET ADDRESS	202 ASPEN CIR	
CITY - ST - ZIP	SEMINOLE, FL 00000	
TITLE	S	XX DELETE
NAME	SIMPSON, RAY	
STREET ADDRESS	104 ASPEN CIRCLE	
CITY - ST - ZIP	SEMINOLE, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MADENBERG, LENA	
STREET ADDRESS	212 ASPEN	
CITY - ST - ZIP	SEMINOLE, FL 00000 33777	
TITLE	D	XX DELETE
NAME	SANTORO, VINCENT	
STREET ADDRESS	108 ASPEN CIR	
CITY - ST - ZIP	SEMINOLE, FL 00000	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BELLMER, R.	
STREET ADDRESS	105 ASPEN CIRCLE	
CITY - ST - ZIP	SEMINOLE, FL 00000 33777	
TITLE	P	XX DELETE
NAME	SMITH, O.	
STREET ADDRESS	117 ASPEN CIRCLE	
CITY - ST - ZIP	SEMINOLE FL	

1.1 TITLE	P	XX Change <input type="checkbox"/> Addition
1.2 NAME	RALPH M. WEER	
1.3 STREET ADDRESS	104 ASPEN CIRCLE	
1.4 CITY - ST - ZIP	SEMINOLE, FL 33777	
2.1 TITLE	T	XX Change <input type="checkbox"/> Addition
2.2 NAME	JAMES WESTCOTT	
2.3 STREET ADDRESS	205 ASPEN CIRCLE	
2.4 CITY - ST - ZIP	SEMINOLE, FL 33777	
3.1 TITLE	D	XX Change <input type="checkbox"/> Addition
3.2 NAME	MYRTLE SPENCER	
3.3 STREET ADDRESS	116 ASPEN CIRCLE	
3.4 CITY - ST - ZIP	SEMINOLE, FL 33777	
4.1 TITLE	D	XX Change <input type="checkbox"/> Addition
4.2 NAME	Patricia Malone	
4.3 STREET ADDRESS	209 Aspen Circle	
4.4 CITY - ST - ZIP	Seminole, FL 33777	
5.1 TITLE	D	XX Change <input type="checkbox"/> Addition
5.2 NAME	Kari Burnett	
5.3 STREET ADDRESS	219 Aspen Circle	
5.4 CITY - ST - ZIP	Seminole, FL 33777	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Ralph M. Weer

3-22-97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0079628

CR2E037 (9/96)