

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

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**Apr 23 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 # P96000097741 (8)
1. Corporation Name
GARDNER'S FARM, INC.



Principal Place of Business: **3659 NALLS LANE MIDDLEBURG FL 32068**
Mailing Address: **3659 NALLS LANE MIDDLEBURG FL 32068-3348**

2. Principal Place of Business: **4200 Hwy 218**
2a. Mailing Address: [Blank]
21. Suite, Apt. #, etc.: [Blank]
22. City & State: **Middleburg, FL**
23. Zip: **32068**
24. Country: [Blank]

3. Date Incorporated or Qualified: **12/04/1996**
3a. Date of Last Report: [Blank]
4. FEI Number: **59-3406816**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be 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
**GARDNER, LARRY G
3659 NALLS LANE
MIDDLEBURG FL 32068**

10. Name and Address of New Registered Agent
81. Name: [Blank]
82. Street Address (P.O. Box Number is Not Acceptable): [Blank]
83. [Blank]
84. City: [Blank] **FL** 85. Zip Code: [Blank]

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. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. Address	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARRY G	1.2 NAME	President/D
STREET ADDRESS	3659 NALLS LANE	1.3 STREET ADDRESS	Gardner, Larry G
CITY-ST-ZIP	MIDDLEBURG FL 32068	1.4 CITY-ST-ZIP	3659 Nalls Lane Middleburg, FL 32068
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GARDNER, LARRY G	2.2 NAME	Vice President/D
STREET ADDRESS	3659 NALLS LANE	2.3 STREET ADDRESS	Gardner, Norman R.
CITY-ST-ZIP	MIDDLEBURG FL 32068	2.4 CITY-ST-ZIP	5342 Margaret St Orange Park, FL 32065
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARDNER, JUNE M	3.2 NAME	Secretary/D
STREET ADDRESS	3659 NALLS LANE	3.3 STREET ADDRESS	Gardner, June M
CITY-ST-ZIP	MIDDLEBURG FL 32068	3.4 CITY-ST-ZIP	5342 Margaret St Orange Park, FL 32065
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARDNER, LAURA L	4.2 NAME	Financier
STREET ADDRESS	3659 NALLS LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIDDLEBURG FL 32068	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *June M. Gardner* June M. Gardner Secy. 4/17/97 904-264-1051

CR2E034 (9/96)