

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

DOCUMENT # 190065 (3)
1. Corporation Name
FLORIDA GARDENS LAND & DEVELOPMENT COMPANY



Principal Place of Business
4 OHIO ROAD
LAKE WORTH FL 33467

Mailing Address
4 OHIO ROAD
LAKE WORTH FL 33467

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country
25

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country
30

3. Date Incorporated or Qualified
01/06/1956

3a. Date of Last Report
05/01/1995

4. FEI Number
59-0767806

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

BEACHLER, G.J.
4 OHIO ROAD
LAKE WORTH FL 33463

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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

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 <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEACHLER, KARL	1.2 NAME	
STREET ADDRESS	4 OHIO RD.	1.3 STREET ADDRESS	
CITY-STATE-ZIP	LAKE WORTH FL	1.4 CITY-STATE-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEACHLER, G. J.	2.2 NAME	
STREET ADDRESS	4 OHIO RD.	2.3 STREET ADDRESS	
CITY-STATE-ZIP	LAKE WORTH FL	2.4 CITY-STATE-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAGER, REX	3.2 NAME	
STREET ADDRESS	QUAKER SQ. #405	3.3 STREET ADDRESS	
CITY-STATE-ZIP	AKRON OH	3.4 CITY-STATE-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FARNBAUGH, W.J.	4.2 NAME	
STREET ADDRESS	4 OHIO ROAD	4.3 STREET ADDRESS	
CITY-STATE-ZIP	LAKE WORTH FL	4.4 CITY-STATE-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEACHLER, MARK A.	5.2 NAME	
STREET ADDRESS	4 OHIO ROAD	5.3 STREET ADDRESS	
CITY-STATE-ZIP	LAKE WORTH FL	5.4 CITY-STATE-ZIP	
TITLE	VS <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FARNBAUGH, MAX W.	6.2 NAME	
STREET ADDRESS	4 OHIO ROAD	6.3 STREET ADDRESS	
CITY-STATE-ZIP	LAKE WORTH FL	6.4 CITY-STATE-ZIP	

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark A. Beachler v.p.

3/6/96

407-965-2000

CR2E034 (12/95)