

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 276845

(5)

1. Corporation Name

SUNKEN GARDENS INC

Principal Place of Business

1825-FOURTH STREET
NORTH ST PETERSBURG FL 33704

Mailing Address

1825-FOURTH STREET
NORTH ST PETERSBURG FL 33704



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date incorporated or Qualified
12/26/1963

3a. Date of Last Report
04/12/1995

4. FEI Number

59-1030520

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

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

10. Name and Address of New Registered Agent

TURNER, RAYMOND E
2140 TANGLEWOOD WAY, NE
ST PETERSBURG FL

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
304 21st Avenue No

83

84 City

St. Petersburg

FL

85 Zip Code
33704

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 new filing)

Date

12. OFFICERS AND DIRECTORS

TITLE

NAME
TURNER, JAMES P.
STREET ADDRESS
113 16TH AVENUE NORTH
CITY - ST - ZIP
ST. PETERSBURG FL

TITLE

NAME
TURNER, RAYMOND F.
STREET ADDRESS
7650 BAYSHORE DR #1105B
CITY - ST - ZIP
TREASURE ISLAND FL

TITLE

NAME
VTS
STREET ADDRESS
TURNER, THOMAS V.
CITY - ST - ZIP
310 N 21 AVE
ST. PETERSBURG FL

TITLE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

☒ Change ☐ Addition

2.3 STREET ADDRESS

304 21st Avenue No
St. Petersburg FL

2.4 CITY - ST - ZIP

3.1 TITLE

☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

310 21st Avenue No
St. Petersburg FL

3.4 CITY - ST - ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

☐ Change ☐ 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 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:

Raymond E. Turner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/96

813-896-3187
Date Telephone Number

CP2E034 (12/95)