

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

FILED

Apr 10 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>	 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **276845** (5)  
1. Corporation Name  
**SUNKEN GARDENS INC**

Principal Place of Business <b>1825-FOURTH STREET NORTH ST PETERSBURG FL 33704</b>	Mailing Address <b>1825-FOURTH STREET NORTH ST PETERSBURG FL 33704-4305</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>12/26/1963</b>		3a. Date of Last Report <b>04/04/1996</b>	
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number <b>59-1030520</b>		Applied For		Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired		<input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>TURNER, RAYMOND E 304 21ST AVE NORTH ST PETERSBURG FL 33704</b>				10. Name and Address of New Registered Agent			
line 82 - 84 to CHANGE ADDRESS ONLY				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)	<b>12274 1st St. W. Apt. 5B</b>		
				83. City	<b>Cedar Sands Townhouses</b>		
				84. City	<b>Treasure Island, FL</b>		
				85. Zip Code	<b>33706</b>		

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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	CEO	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TURNER, JAMES P.			1.2 NAME			
STREET ADDRESS	113 16TH AVENUE NORTH			1.3 STREET ADDRESS	<b>235 20th Avenue N</b>		
CITY - ST - ZIP	ST. PETERSBURG FL			1.4 CITY - ST - ZIP	<b>St. Petersburg, FL 33704</b>		
TITLE	P	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TURNER, RAYMOND E			2.2 NAME			
STREET ADDRESS	304 21ST AVE NORTH			2.3 STREET ADDRESS	<b>12274 1st St. W. Apt 5B-Cedar Sands</b>		
CITY - ST - ZIP	ST PETERSBURG FL			2.4 CITY - ST - ZIP	<b>Treasure Island, FL 33706 Townhouse</b>		
TITLE	VTS	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TURNER, THOMAS V.			3.2 NAME			
STREET ADDRESS	310 21ST AVE NORTH			3.3 STREET ADDRESS			
CITY - ST - ZIP	ST PETERSBURG FL			3.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY - ST - ZIP				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: Raymond E Turner 3/26/97 813-896-3187  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
0373695

CR2E034 (9/96)