

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 376221 (8)

1. Corporation Name

SEMINOLE GARDENS APARTMENT NO. 31-E, INC.

Principal Place of Business

8330 112TH ST. N.  
SEMINOLE FL 34642

Mailing Address

8330 112TH ST. N.  
SEMINOLE FL 34642



2. Principal Place of Business

21 State Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 State Apt. #, etc.

27 City & State

28 Zip Country

29

9. Name and Address of Current Registered Agent

CASTLES, ROBERT G  
8330 112TH ST N  
SEMINOLE FL 34642

3. Date Incorporated or Qualified

01/26/1971

3a. Date of Last Report

04/14/1995

4. FEI Number

59-1370369

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

81 Name

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

83

84 City

FL

85 Zip Code

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 607.0508, Florida Statutes.

SIGNATURE

Signature of Registered Agent or Director

Signature of Registered Agent or Director

DATE

12. OFFICERS AND DIRECTORS

|                |                    |                                            |
|----------------|--------------------|--------------------------------------------|
| TITLE          | V                  | <input type="checkbox"/> DELETE            |
| NAME           | PALMER, THOMAS     |                                            |
| STREET ADDRESS | 8330 112TH ST N    |                                            |
| CITY-STATE-ZIP | SEMINOLE, FL 00000 |                                            |
| TITLE          | P                  | <input type="checkbox"/> DELETE            |
| NAME           | ANDREWS, FRANK     |                                            |
| STREET ADDRESS | 8330 112TH ST N    |                                            |
| CITY-STATE-ZIP | SEMINOLE, FL 00000 |                                            |
| TITLE          | V                  | <input checked="" type="checkbox"/> DELETE |
| NAME           | CARPENTER, RAYMOND |                                            |
| STREET ADDRESS | 8330 112TH ST N    |                                            |
| CITY-STATE-ZIP | SEMINOLE, FL 00000 |                                            |
| TITLE          | ST                 | <input checked="" type="checkbox"/> DELETE |
| NAME           | KEEPING, ROSE      |                                            |
| STREET ADDRESS | 8330 112TH ST N    |                                            |
| CITY-STATE-ZIP | SEMINOLE, FL 00000 |                                            |
| TITLE          | ASAT               | <input type="checkbox"/> DELETE            |
| NAME           | HELEN ANDREWS      |                                            |
| STREET ADDRESS | 8330 112TH ST N    |                                            |
| CITY-STATE-ZIP | SEMINOLE, FL 00000 |                                            |
| TITLE          |                    | <input type="checkbox"/> DELETE            |
| NAME           |                    |                                            |
| STREET ADDRESS |                    |                                            |
| CITY-STATE-ZIP |                    |                                            |

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                                                                              |
|--------------------|------------------------------------------------------------------------------|
| 1. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2. NAME            |                                                                              |
| 3. STREET ADDRESS  |                                                                              |
| 4. CITY-STATE-ZIP  |                                                                              |
| 5. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6. NAME            |                                                                              |
| 7. STREET ADDRESS  |                                                                              |
| 8. CITY-STATE-ZIP  |                                                                              |
| 9. TITLE           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 10. NAME           |                                                                              |
| 11. STREET ADDRESS |                                                                              |
| 12. CITY-STATE-ZIP |                                                                              |
| 13. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 14. NAME           |                                                                              |
| 15. STREET ADDRESS |                                                                              |
| 16. CITY-STATE-ZIP |                                                                              |
| 17. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 18. NAME           |                                                                              |
| 19. STREET ADDRESS |                                                                              |
| 20. CITY-STATE-ZIP |                                                                              |
| 21. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 22. NAME           |                                                                              |
| 23. STREET ADDRESS |                                                                              |
| 24. CITY-STATE-ZIP |                                                                              |
| 25. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 26. NAME           |                                                                              |
| 27. STREET ADDRESS |                                                                              |
| 28. CITY-STATE-ZIP |                                                                              |
| 29. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 30. NAME           |                                                                              |
| 31. STREET ADDRESS |                                                                              |
| 32. CITY-STATE-ZIP |                                                                              |

Gurli Carpenter

Marion Blankley

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(9)(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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/96

(813) 393-7502

CR2E034 (12/95)