

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 394185 (3)

1. Corporation Name

MALIBU GARDENS, INC.

Principal Place of Business

8022 STARK AVE
APT B
PENSACOLA FL 32514
US

Mailing Address

8074 MALIBU CIRCLE
PENSACOLA FL 32514-6329



2. Principal Place of Business

21 MALIBU GARDENS

Suite, Apt. #, etc.

22 APT. B

City & State

23 PENSACOLA, FLA

Zip

24 32514

Country

25 ESCAMBIA

2a. Mailing Address

26 8074 MALIBU CIR

Suite, Apt. #, etc.

27 ~~RE. APT. B~~

City & State

28 PENSACOLA, FL.

Zip

29 32514

Country

30 ESCAMBIA

9. Name and Address of Current Registered Agent

WELFORD, JOANNE
8074 MALIBU CIRCLE
PENSACOLA FL 32514

3. Date Incorporated or Qualified

01/14/1972

3a. Date of Last Report

02/10/1995

4. FEI Number

59-1381164

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. Thereby 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 each individual for filing (signatures)

Signature typed or printed name of each individual for filing (signatures)

(Date)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PST	WELFORD, JOANNE	8074 MALIBU CIRCLE	PENSACOLA FL	☐
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
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TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	Change	Addition
11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY-ST-ZIP	☐	☐	☐
21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY-ST-ZIP	☐	☐	☐
31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY-ST-ZIP	☐	☐	☐
41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY-ST-ZIP	☐	☐	☐
51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY-ST-ZIP	☐	☐	☐
61 TITLE	62 NAME	63 STREET ADDRESS	64 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:

Signature typed or printed name of signing officer or director

1-20-96 904 477 1596

CR2E034 (12/95)