FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 PM 11:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 492010 (4)

1. Corporation Name
CAFE GARDENS, INC.

Principal Place of Business	Mailing Address
1643 N.W. 1ST AVE. P. O. BOX 13151 GAINESVILLE FL 32604-6151	1643 N.W. 1ST AVE. P. O. BOX 13151 GAINESVILLE FL 32604-6151

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/04/1975
3a. Date of Last Report: 04/25/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 59-1656975 ☐ 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

9. Name and Address of Current Registered Agent

MCKINNEY, STEPHEN R.
1643 N.W. 1ST AVE.
P. O. BOX 13151
GAINESVILLE FL 32604

10. Name and Address of New Registered Agent

81 Name: Stephen R. McKinney
82 Street Address (P.O. Box Number is Not Acceptable): 1643 NW 1st AVE.
83
84 City: GAINESville FL 85 Zip Code: 32603

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PC	1.1 TITLE		☐ Change ☐ Addition
NAME	MCKINNEY STEPHEN R	1.2 NAME		
STREET ADDRESS	2101 NW 22ND ST	1.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL	1.4 CITY-ST-ZIP		
TITLE	S	2.1 TITLE		☐ Change ☐ Addition
NAME	MCKINNEY, JANE P.	2.2 NAME		
STREET ADDRESS	2101 NW 22ND ST.	2.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL	2.4 CITY-ST-ZIP		
TITLE	T	3.1 TITLE		☐ Change ☐ Addition
NAME	KLOEPPEL, MARTHA H.	3.2 NAME		
STREET ADDRESS	RT. 1, BOX 850	3.3 STREET ADDRESS		
CITY-ST-ZIP	MICANOPY FL	3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE	VP	☐ Change ☒ Addition
NAME		4.2 NAME	William L. Kloeppel	
STREET ADDRESS		4.3 STREET ADDRESS	Rt. 1 Box 850	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Micanopy, FL 32667	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ 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 is voluntarily furnished and 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, added or deleted with an address.

SIGNATURE: [signature] Stephen R. McKinney 5/1/95 (904) 376-2233
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0411897 FP