FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **520017** **(5)**

1. Corporation Name
LE PETIT JARDIN, INC.

Principal Place of Business
218 WEST TAMPA AVENUE
VENICE FL 34285

Mailing Address
218 WEST TAMPA AVENUE
VENICE FL 34285

3. Date Incorporated or Organized
12/09/1976

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

4. FEI Number
59-1704993
Applied For / Not Applicable

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 County 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 County 30

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 filed its annual report for the preceding calendar year under s. 190.032 Florida Statutes. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
DEMPSEY, GAIL
218 WEST TAMPA AVENUE
VENICE FL 34285

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 Section 607.0505, Florida Statutes, the undersigned corporation hereby 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

12. OFFICERS AND DIRECTORS

TYPE	P ☐ DELETE
NAME	DEMPSEY, GAIL
STREET ADDRESS	218 WEST TAMPA AVE.
CITY, ST, ZIP	VENICE FL
TYPE	☐ DELETE
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TYPE	☐ DELETE
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TYPE	☐ DELETE
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TYPE	☐ DELETE
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TYPE	☐ DELETE
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TYPE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TYPE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TYPE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TYPE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TYPE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TYPE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

CR2E034 (12/95)

14. I hereby certify that the information indicated on this report or supplemental 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 of this report or supplemental report with my title.

SIGNATURE: Gail Dempsey 4-10-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR