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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 635904

(6)

COUNTRY GARDEN PATCH, INC.

Principal Place of Business Mailing Address						AIBI! B(B)r BIBI) BIBII AIBII AIBII AIBII
4710 53RD STREET EAST BRADENTON FL 34203		P. O. BOX 21114 BRADENTON FL 34204-119 US	BRADENTON FL 34204-1114			
					3. Date Incorporated or Qualified 09/12/1979	3a. Date of Last Report 04/17/1996
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number	Applied For
Suite, Apt.	# ole	<b>26</b>   Suite, Apt. #, etc.			59-1949097	Not Applicable \$8.75 Additional
<del></del>		27			5. Certificate of Status Desired	Fee Required
City & State	te	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zφ	Country	Zip	Coun		8. This corporation has liability for	
24	25	29	30		Florida Statutes	Yes No
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New R	egistered Agent
	TON, CLAYTON		8	II Name		
2123 46TH ST., CT. E.			8	2 Street Add	Iress (P.O. Box Number is Not Accepta	ble)
BHA	NDENTON FL 34208		8	13		
				I4 City		<b>85</b> Zip Code
				<u> </u>	poration submits this statement for the	FL
agent 1 a	am familiar with, and accept the obli-	gations of, Section 607.0505, F	lorida Statu	tes.	ation's board of directors. I hereby acce	DATE
12.	·	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI	
TITLE	S SINTERNAL BULLE	L DELETE	1 1 TITL			Change Addition
NAME	SUTTON, DIANE		12 NAM	1		
STREET ADDRESS				EET ADDRESS		
CITY - ST - ZIP TITLE	BRADENTON FL	DELETE	2.1 TITL	-ST-ZIP		☐ Change ☐ Addition
NAME	SUTTON, CLAYTON	Emil Political	2.2 NAM			
STREET ADDRESS	2123 46TH ST., CT. EAST			EET ADDRESS		
CITY - ST - ZIP	BRADENTON FL		2. 4 CIT	Y - ST - ZIP		
TITLE		☐ DELETE	3.1 TITU	E		Change Addition
NAME			3.2 NAM	IE		
STREET ADDRESS			3 3 STRI	EET ADDRESS		
CITY - ST - ZIP		DELETE		r-ST-ZIP		☐ Change ☐ Addition
TITLE			4.1 TITL			Change Addition
NAME STREET ADORESS			4. 2 NA	EET ADDRESS		i
CITY-ST-ZIP			ı	-ST-ZIP	•	
TITLE		DELETE	5.1 TITL			Change Addition
NAME			5.2 NAM	1E }		·
STREET ADDRESS			5.3 STRI	EET ADDRESS		
CiTY - ST - ZIP			5.4 CITY	'+ST-ZIP		
TITLE		☐ DELETE	6 t TiTL	F		Change Addition

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.

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6.4 CITY - ST - ZIP

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS CITY-ST-ZIP

1-10-97

941 756-1504

PRODE #

B2E034 (9/06)

**FILED** 

Jan 15 1997 8:00am

Secretary of State