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 15 PM 8:15

SEC. OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **684475** **(7)**

1. Corporate Name
GARDEN LANE OF TAMPA, INC.

Principal Place of Business	Mailing Address
9715 HWY 92 E. C/O DORIS STEARNS TAMPA FL 33610	9715 HWY 92 E. C/O DORIS STEARNS TAMPA FL 33610

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/01/1980**	3a. Date of Last Report: **04/20/1994**
4. FEI Number: **59-2020376**	☐ 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	

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 / County 25	ZIP 29 / County 30

9. Name and Address of Current Registered Agent

MOORE, JAMES D.
9715 HWY 92 E
TAMPA FL 33610

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 607.325, 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 607.325, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS, IN ☞	
1 Title	PD	1 Title	☐ Change ☐ Addition
1 Name	MOORE, DORIS	1 Name	
1 Street Address	9715 HWY 92 E	1 Street Address	
1 City, St, ZIP	TAMPA FL	1 City, St, ZIP	
2 Title	ST	2 Title	☐ Change ☐ Addition
2 Name	MOORE, JAMES D.	2 Name	
2 Street Address	9715 HWY. 92ND E.	2 Street Address	
2 City, St, ZIP	TAMPA FL	2 City, St, ZIP	
3 Title		3 Title	☐ Change ☐ Addition
3 Name		3 Name	
3 Street Address		3 Street Address	
3 City, St, ZIP		3 City, St, ZIP	
4 Title		4 Title	☐ Change ☐ Addition
4 Name		4 Name	
4 Street Address		4 Street Address	
4 City, St, ZIP		4 City, St, ZIP	
5 Title		5 Title	☐ Change ☐ Addition
5 Name		5 Name	
5 Street Address		5 Street Address	
5 City, St, ZIP		5 City, St, ZIP	
6 Title		6 Title	☐ Change ☐ Addition
6 Name		6 Name	
6 Street Address		6 Street Address	
6 City, St, ZIP		6 City, St, ZIP	

14. To the best of my knowledge, the information supplied with this filing is substantially complete 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 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 above, or on an attachment with an address.

SIGNATURE: James D. Moore James D. Moore
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 11, 1995 (813) 626-6449
Date / Area Code & Daytime Phone Number

0294852 CP