FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAR 15 AM 11:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 726656 (2)

1. Corporation Name
THE GARDENS 103, INC.

Principal Place of Business	Mailing Address
100 CEDARWOOD CIRCLE SEMINOLE FL 34647	100 CEDARWOOD CIRCLE SEMINOLE FL 34647

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/11/1973
3a. Date of Last Report: 02/25/1994
4. FEI Number: 59-1466044 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21
2a. Mailing Address 26
Suite, Apt. #, etc. 22
Suite, Apt. #, etc. 27
City & State 23
City & State 28
Zip 24 Country 25
Zip 29 Country 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

DREW, FRANKLIN
120 CEDARWOOD CIRCLE
SEMINOLE FL 34647

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. 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	PD	1.1 TITLE	D ☐ Change ☒ Addition
NAME	CURTICE, WILLIAM	1.2 NAME	REUBEN, ARNOLD JR
STREET ADDRESS	CEDARWOOD CIRCLE #104	1.3 STREET ADDRESS	CEDARWOOD CIRCLE #221
CITY-ST-ZIP	SEMINOLE FL	1.4 CITY-ST-ZIP	SEMINOLE FL
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	MARTIN, LOUIS	2.2 NAME	
STREET ADDRESS	CEDARWOOD CIRLCE #121	2.3 STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE, FL 00000	2.4 CITY-ST-ZIP	
TITLE	STD	3.1 TITLE	☐ Change ☐ Addition
NAME	DREW, FRANKLIN	3.2 NAME	
STREET ADDRESS	CEDARWOOD CIR #120	3.3 STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE, FL 00000	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	DRISCOLL, JOHN	4.2 NAME	
STREET ADDRESS	CEDARWOOD CIRCLE #204	4.3 STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	RADCLIFFE, DR. JAMES	5.2 NAME	
STREET ADDRESS	CEDARWOOD CIRCLE #201	5.3 STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	KERR, BRYCE	6.2 NAME	
STREET ADDRESS	CEDARWOOD CIRCLE #219	6.3 STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE FL	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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Franklin H. Drew Mary Treman 3-9-95 813/898-7349
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
FRANKLIN H. DREW

0067879