

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G19032**

(3)

1. Corporation Name

THE GARDEN PARTY, INC.



Principal Place of Business

**2832 S. MACDILL AVE
315 MADISON ST., STE. 1024, SUNBANK BLDG
TAMPA FL 33629
US**

Mailing Address

**C/O PLATT, WILLIAM. R.
315 E. MADISON ST. SUITE 1024
TAMPA FL 33602-4844
US**

3. Date Incorporated or Qualified
01/10/1983

3a. Date of Last Report
03/14/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.
600 S. Magnolia Ave. #125
City & State
Tampa, FL
Zip
33606

26 Suite, Apt. #, etc.
600 S. Magnolia Ave. #125
City & State
Tampa, FL
Zip
33606

4. FEI Number
59-2388299

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

10. Name and Address of New Registered Agent

**PLATT, WILLIAM R.
315 MADISON ST., STE. 1024, SUNBANK BLDG
TAMPA FL 33602-1844**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
600 S. Magnolia Avenue, Suite 125
83
84 City
Tampa
85 Zip Code
FL 33606

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 607.0503, Florida Statutes.

SIGNATURE

Signature of the person who is the registered agent and title if applicable

(NOTE: Registered Agent's signature required when reappointing)

DATE

4-16-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PT	<input type="checkbox"/> DELETE
NAME	ATKINS, JACQUELINE M	
STREET ADDRESS	721 S. OREGON	
CITY - ST - ZIP	TAMPA FL	
TITLE	VPS	<input type="checkbox"/> DELETE
NAME	HAMPTON, JENNIE R	
STREET ADDRESS	5824 MARINER DRIVE	
CITY - ST - ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(k), 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.

SIGNATURE:

Jacqueline M. Atkins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/96 (813) 831-7176
Date Daytime Phone #

CR2E034 (12/95)