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 # **G54623** **(5)**

1. Corporation Name

GARDEN RENTALS AND SALES, INC.

Principal Place of Business	Mailing Address
C/O THOMAS TROY GLIKES 5402 NW 8TH AVE. GAINESVILLE FL 32605	C/O THOMAS TROY GLIKES 5402 NW 8TH AVE. GAINESVILLE FL 32605

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 / County 24 / 25	Zip / County 29 / 30

3. Date Incorporated or Qualified: **08/18/1983**

3a. Date of Last Report: **03/28/1995**

4. FEI Number: **59-2343624** ☐ 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 intangibles tax under s. 199.032, Florida Statutes. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

GLIKES, THOMAS TROY
5402 NW 8TH AVE
GAINESVILLE FL 32605

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 607.0502, 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. The corporation is aware that any false information submitted in a document to the Department of State for the purpose of obtaining or amending its authorization to transact business in Florida is a third degree felony as provided for in s. 817.155, Florida Statutes. I am familiar with, and I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	GLIKES, SUSAN C.	
STREET ADDRESS	210 NW 86TH TERR.	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	V	☐ DELETE
NAME	GLIKES, THOMAS TROY	
STREET ADDRESS	5402 NW 8TH AVENUE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	ST	☐ DELETE
NAME	GLIKES, SUSAN C.	
STREET ADDRESS	210 NW 86TH TERRACE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE	☐ Change ☐ Addition
1 NAME	
1 STREET ADDRESS	
1 CITY-ST-ZIP	
2 TITLE	☐ Change ☐ Addition
2 NAME	
2 STREET ADDRESS	
2 CITY-ST-ZIP	
3 TITLE	☐ Change ☐ Addition
3 NAME	
3 STREET ADDRESS	
3 CITY-ST-ZIP	
4 TITLE	☐ Change ☐ Addition
4 NAME	
4 STREET ADDRESS	
4 CITY-ST-ZIP	
5 TITLE	☐ Change ☐ Addition
5 NAME	
5 STREET ADDRESS	
5 CITY-ST-ZIP	
6 TITLE	☐ Change ☐ Addition
6 NAME	
6 STREET ADDRESS	
6 CITY-ST-ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing complies with the requirements of Section 607.0502, Florida Statutes. I further 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 a director or officer 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 added to the report with my title or designation.

SIGNATURE: Susan C. Glikes 2/23/96 (904)377-6431
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number