

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

FILED  
Apr 11 1997 8:00am  
Secretary of State

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 32605-4488**

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip  
24 Country 29 Country

3. Date Incorporated or Qualified **08/18/1983** 3a. Date of Last Report **04/03/1996**  
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 intangible 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 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

Signature of person or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	<b>GLIKES, SUSAN C.</b>	
STREET ADDRESS	<b>210 NW 86TH TERR.</b>	
CITY-ST-ZIP	<b>GAINESVILLE FL</b>	
TITLE	V	<input type="checkbox"/> DELETE
NAME	<b>GLIKES, THOMAS TROY</b>	
STREET ADDRESS	<b>5402 NW 8TH AVENUE</b>	
CITY-ST-ZIP	<b>GAINESVILLE FL</b>	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	<b>GLIKES, SUSAN C.</b>	
STREET ADDRESS	<b>210 NW 86TH TERRACE</b>	
CITY-ST-ZIP	<b>GAINESVILLE FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>GLIKES, SUSAN C</b>
1.3 STREET ADDRESS	<b>210 NW 86TH TERR</b>
1.4 CITY-ST-ZIP	<b>GAINESVILLE, FL 32607</b>
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 checked="" type="checkbox"/> Addition
3.2 NAME	<b>JANET GIVENS</b>
3.3 STREET ADDRESS	<b>44 LOGGERSHEAD LANE</b>
3.4 CITY-ST-ZIP	<b>PONTE VEDRA BCH, FL 32082</b>
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>MELISSA GLIKES</b>
4.3 STREET ADDRESS	<b>5408 NW 8TH AVE</b>
4.4 CITY-ST-ZIP	<b>GAINESVILLE, FL 32605</b>
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 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.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Janet Givens* 4/8/97 904-285-6762

0066388

CR2E030 (9/96)