

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **G54623**

1. Corporation Name

Garden Rentals & Sales, Inc.

Principal Place of Business

Mailing Address

*5402 NW 8th Ave -
Gainesville, FL 32605*

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

8.18.83

4. FEI Number

59.2348624

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 owes or has paid the current year Intangible Personal Property Tax due June 30.

☒ Yes ☐ No

2. Principal Place of Business

21 *5402 NW 8th Ave*

Suite, Apt #, etc

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 *5402 NW 8th Ave*

Suite, Apt #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

*TOM GLIKES
210 NW 79th Dr
Gainesville, FL 32607*

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 type (printed name of registered agent and date of appointment)

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

DATE

12. OFFICERS AND DIRECTORS

TITLE *PRES* ☐ DELETE

NAME *SUSAN BURNS*

STREET ADDRESS *210 NW 79th Dr*

CITY-ST-ZIP *Gainesville, FL 32607*

TITLE *VP* ☐ DELETE

NAME *TOM GLIKES*

STREET ADDRESS *210 NW 79th Dr*

CITY-ST-ZIP *Gainesville, FL*

TITLE *Melissa Glikas VP* ☐ DELETE

NAME *Melissa Glikas*

STREET ADDRESS *210 NW 79th Dr*

CITY-ST-ZIP *Gainesville, FL*

TITLE *THOMAS BIVENS* ☐ DELETE

NAME *THOMAS BIVENS*

STREET ADDRESS *4405 Highway*

CITY-ST-ZIP *Ponte Vedra, FL*

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

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

*IS
3.26*

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-03/27/98--01004--031
*****150.00**

14. I 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 or changed, or on an attachment with an address.

SIGNATURE:

THOMAS BIVENS *THOMAS BIVENS* *3-23-98* *322-377-613*

CR2E034 (10/97)