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 # **H51017** **(2)**

1. Corporation Name

C. S. GARDNER AND ASSOCIATES, INCORPORATED

Principal Place of Business

1326 S. RIDGEWOOD AVE. SUITE #22
P.O. BOX 15138
DAYTONA BEACH FL 32115-5138
US

Mailing Address

1326 S. RIDGEWOOD AVE. SUITE #22
P.O. BOX 15138
DAYTONA BEACH FL 32115-5138
US

3. Date Incorporated or Qualified: **04/05/1985**

3a. Date of Last Report: **02/27/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: **59-2515051** 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

GARDNER, CHARLES S.
727 PARK RIDGE CIRCLE
PORT ORANGE FL 32127

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 607.1608, 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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	GARDNER, CHARLES S.	
STREET ADDRESS	727 PARK RIDGE CIRCLE	
CITY, ST, ZIP	PORT ORANGE FL	
TITLE	STD	☐ DELETE
NAME	GARDNER, CARMEN L.	
STREET ADDRESS	104 OAKWOOD VILLAGE CIRCLE	
CITY, ST, ZIP	DAYTONA BEACH 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

11 TITLE	P/D	☐ Change ☒ Addition
12 NAME		
13 STREET ADDRESS		
14 CITY, ST, ZIP	32127	
21 TITLE	S/T	☒ Change ☐ Addition
22 NAME		
23 STREET ADDRESS	699 wellington Station Blvd., Unit 29	
24 CITY, ST, ZIP	Ormond Beach FL 32174	
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY, ST, ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY, ST, ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY, ST, ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 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 attached typed sheet with an address.

SIGNATURE: 1-17-95 904-255-9916

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles S. Gardner

Date Daytime Phone

CR2E034 (12/95)