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Feb 13 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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 Mailing Address
1326 S. RIDGEWOOD AVE. SUITE #22 (32114) 1326 S. RIDGEWOOD AVE. SUITE #22 (32114)
P.O. BOX 15138 P.O. BOX 15138
DAYTONA BEACH FL 32115-5138 DAYTONA BEACH FL 32115-5138
US US

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
25 Country 30 Country

3. Date Incorporated or Qualified 3a. Date of Last Report
04/05/1985 01/23/1996
4. FEI Number Applied For
59-2515051 Not Applicable
5. Certificate of Status Desired \$8.75 Additional
Fee Required
6. Election Campaign Financing \$5.00 May Be
Trust Fund Contribution 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
GARDNER, CHARLES S. 81 Name
727 PARK RIDGE CIRCLE 82 Street Address (P.O. Box Number is Not Acceptable)
PORT ORANGE FL 32127 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 (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY-ST-ZIP 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
PD GARDNER, CHARLES S. 727 PARK RIDGE CIRCLE PORT ORANGE FL ☐ DELETE ☐ Change ☐ Addition
ST GARDNER, CARMEN L. 679 WELLINGTON STATION BLVD, UNIT 29 ORMOND BEACH FL ☐ DELETE ☐ Change ☐ Addition
1.5 TITLE 1.6 NAME 1.7 STREET ADDRESS 1.8 CITY-ST-ZIP
1.9 TITLE 1.10 NAME 1.11 STREET ADDRESS 1.12 CITY-ST-ZIP
1.13 TITLE 1.14 NAME 1.15 STREET ADDRESS 1.16 CITY-ST-ZIP
1.17 TITLE 1.18 NAME 1.19 STREET ADDRESS 1.20 CITY-ST-ZIP
1.21 TITLE 1.22 NAME 1.23 STREET ADDRESS 1.24 CITY-ST-ZIP
1.25 TITLE 1.26 NAME 1.27 STREET ADDRESS 1.28 CITY-ST-ZIP
1.29 TITLE 1.30 NAME 1.31 STREET ADDRESS 1.32 CITY-ST-ZIP
1.33 TITLE 1.34 NAME 1.35 STREET ADDRESS 1.36 CITY-ST-ZIP
1.37 TITLE 1.38 NAME 1.39 STREET ADDRESS 1.40 CITY-ST-ZIP
1.41 TITLE 1.42 NAME 1.43 STREET ADDRESS 1.44 CITY-ST-ZIP
1.45 TITLE 1.46 NAME 1.47 STREET ADDRESS 1.48 CITY-ST-ZIP
1.49 TITLE 1.50 NAME 1.51 STREET ADDRESS 1.52 CITY-ST-ZIP
1.53 TITLE 1.54 NAME 1.55 STREET ADDRESS 1.56 CITY-ST-ZIP
1.57 TITLE 1.58 NAME 1.59 STREET ADDRESS 1.60 CITY-ST-ZIP
1.61 TITLE 1.62 NAME 1.63 STREET ADDRESS 1.64 CITY-ST-ZIP
1.65 TITLE 1.66 NAME 1.67 STREET ADDRESS 1.68 CITY-ST-ZIP
1.69 TITLE 1.70 NAME 1.71 STREET ADDRESS 1.72 CITY-ST-ZIP
1.73 TITLE 1.74 NAME 1.75 STREET ADDRESS 1.76 CITY-ST-ZIP
1.77 TITLE 1.78 NAME 1.79 STREET ADDRESS 1.80 CITY-ST-ZIP
1.81 TITLE 1.82 NAME 1.83 STREET ADDRESS 1.84 CITY-ST-ZIP
1.85 TITLE 1.86 NAME 1.87 STREET ADDRESS 1.88 CITY-ST-ZIP
1.89 TITLE 1.90 NAME 1.91 STREET ADDRESS 1.92 CITY-ST-ZIP
1.93 TITLE 1.94 NAME 1.95 STREET ADDRESS 1.96 CITY-ST-ZIP
1.97 TITLE 1.98 NAME 1.99 STREET ADDRESS 2.00 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 in an attachment with an address.

SIGNATURE: 2-6-97 904-255-9916
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)