FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 PM 1:31

DOCUMENT # H52067 (6)

1. Corporation Name
SARASOTA BOTANICAL GARDENS, INC.

Principal Place of Business	Mailing Address
C/O ARMAND C. CASTELLANI 7533 HAWKINS RD. SARASOTA FL 34241	C/O ARMAND C. CASTELLANI 7533 HAWKINS RD SARASOTA FL 34241

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/15/1985
3a. Date of Last Report: 08/23/1994
4. FEI Number: 59-2524505 — 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. The corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☐ No

2. Principal Office if Changed — 21 Street, 22 Suite, Apt. # etc., 23 City & State, 24 Zip, 25 Country
2a. Mailing Address — 26, 27 Suite, Apt. # etc., 28 City & State, 29 Zip, 30 Country

9. Name and Address of Current Registered Agent

CASELLANI, ARMAND J.
5770 MIDNIGHT PASS ROAD
SARASOTA FL ~~33581~~ 34241

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

12. OFFICERS AND DIRECTORS

Title	PD
Name	CASTELLANI, ARMAND C.
Street Address	5770 MIDNIGHT PASS RD
City-St-Zip	SARASOTA FL , 34241

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☑ Change ☐ Addition — Name: CASTELLANI, ARMAND J.

REMITTED BY MAY 1

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)(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] ARMAND J. CASTELLANI 3-13-95 813 924-7599
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

0340927 CP