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CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 28 PM 2:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H52245**

(8)

1. Corporation Name

GARDEN AVENUE SEVEN, INC.

Principal Place of Business

**11355 110TH TERRACE NORTH
LARGO FL 34648**

Mailing Address

**11355 110TH TERRACE NORTH
LARGO FL 34648**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/15/1985

3a. Date of Last Report

01/25/1994

4. FEI Number

59-2646645

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

2. Principal Place of Business

21 471 Wood St.

Suite, Apt. #, etc.

2a. Mailing Address

26 471 Wood St.

Suite, Apt. #, etc.

22

City & State

23 Dunedin, FL.

27

City & State

28 Dunedin, FL.

24

Zip

34698

Country

25 USA

29

Zip

34698

Country

30 USA

9. Name and Address of Current Registered Agent

**DRAGA, PAULETTE
11355 110TH TERRACE NORTH
LARGO FL 33544**

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

Paulette G. Draga, PT

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PT
NAME	DRAGA, PAULETTE G.
STREET ADDRESS	11355 110TH TERR. N.
CITY-ST-ZIP	LARGO FL
TITLE	S
NAME	WEIDEMEYER, CARLETON L.
STREET ADDRESS	501 S. FT. HARRISON
CITY-ST-ZIP	CLEARWATER FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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	471 Wood St.
1.4 CITY-ST-ZIP	Dunedin, FL. 34698
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	

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 110.07(3)(k), Florida Statutes. I further certify that this 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: **Paulette G. Draga, PT**

4/25/95

(813)738-0097

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #