PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # H91908

SARA'S GARDENS, INC.

## FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90058 007 \*\*\*150.00

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Principal Place	e of Business	Mailing Address						l Blint (Mit Migh	f Billi Eilti Afall a	
4630 WEST LAI	NTANA ROAD	4630 WEST LANTANA ROAD								
LAKE WORTH FL 33463 LAKE WORTH FL 334							DO NOT WE	UTC 151 TIU	IC CDACE	
				DO NOT WRITE IN  3. Date incorporated or Qualifed					S SPACE	
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2 Deimoined B	lace of Business	2a. Mailing Address					<b>2/30/1985</b> ELN imber		Ι Ι Δη	olied For
<u> </u>	lace of business	<del>-</del>						<u> </u>	Applicable	
Suite, Apt.	# etc	Suite, Apt. #, etc.				9-2628366		\$8.75 A		
	w, etc.	27			5. Ce	ertificate of Status Desired		Fee Re	1	
City & State		City & State				ection Campaign Financing		\$5.00	May Ro	
23	9	28			, -	ust Fund Contribution		Added to		
Zip	Country	Zip Country				8. Th	This corporation owes the current year Intangible			
24	25	29 30				1	Personal Property Tax. ☐ Yes ☐ No			
	9. Name and Address of Curren	. <del></del>	11			10. N	ame and Address of New	Register	d Agent	
				81	Name	•				
WAL	POLE, HENRY W			n2	Chunch	A 18 10 0	Day Number is Not Assess	table)		
4630 W. LANTANA RD				82 Street Address (P.O. Box Number is Not Acceptable				(able)		
LAKE	E WORTH FL 33463			83						
ĺ				84	City			F	85 Zip C	ode
11. Pursua nt to the provisions of Scictions 607.050% 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.  SIGNATUFE  Standard, typed or printed has ne of registered agent and title if applicable (NOT E: Registered Agent signature required when reinstating)  DATE									egistered istered	
	Signature, typed or printed name of registered agen	- <del></del>	: Registered		t signature re		DITIONS/CHANGES TO O	DATE /	AND DIRECTO	120 181 12
12.	OFFICERS AN	DELETE	1.1 T			AD	DITIONS/CHANGES TO U	FFICERS.	Change	Addition
TITLE	DVST	☐ prrc.rr								
NAME	WALPOLE, HENRY W.		1.2 NAME 1.3 STREE		*************					1
STREET ADDRESS	4630 W LANTANA ROAD		l i		-					
CITY-ST-ZIP	LAKE WORTH FL	KE WORIH FL 140		TY-SI	-ZIP				☐ Change	Addition
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NAME	WALPOLE, J. HONIE		22 NAME		1000000					
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NAME					ADDDECC					
STREET ADDRESS					ADDRESS					-
CITY-SY-ZIP			6.4 C	(TY-S1	- ZUP	L				

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 if changed, or on an attachment with an address, with a lighter like empowered.

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICEF OR DIRECTOR

4/21/99 561- 768-5896

Payline Phone #

CR2E034 (11/98)