P 183 953

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J21677

(6)

PURSLEY GARDENS, INC.

FILED									
May 06 1997 8:00am									
Secretary of State									



Principal Place of Business Mailing Address									************		
C/O LINDA K. SANDERS P.O. BOX 1448 PALMETTO FL 34220			P.O. BOX 1448 ATTN: LINDA K. SANDERS PALMETTO FL 34220-1448								_
US		U:	\$				 Date Incorporated or Qualified 06/30/1986 	3a. Date 05/01		Report	
2. Principal Place of Business			2a. Mailing Address				4. FEI Number	Applied For			
21			26			59-1532292	Not Applicable				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State			City & State				Election Campaign Financing \$5.00 May Be				
23	Country		28				Trust Fund Contribution			to Fees	-
Zip	—	· —	Zip Country				8. This corporation has liability for intangible tax under s. 199.032,				
24	9. Name and Addre	29 Se of Current Reni	tered Agent				Florida Statutes Yes No 10. Name and Address of New Registered Agent				
LECI		os or ourrent riogr	attion Agont		81	Name	to. Name and Address of New Ite	JISTOI DU AY	0111		-
	KEY, PHILLIP D. Braden Run										
	DENTON FL 34202				82	Street Add	ress (P.O. Box Number is Not Acceptab	le)			1
UTU-C	DENTON I E 04202				83						1
•					84	City		FL	85 Zip	Code	1
l office or r	registered agent, or both	i, in the State of Flor	ida. Such change was	authorized	i by i	named cor the corpora	poration submits this statement for the p tion's board of directors. I hereby accep	rnose of c	nanging intraction	ts registered registered	1
agent. I a SIGNATURE	ım familiar with, and acc	ept the obligations of	of, Section 607.0505, Fl	lorida Stati	ules.						
	Signature, typod or printed nany				Agen	: signa!ure requ	ired when reinstating)	DATE.			_ إ
12.	P	FFICERS AND DIRE	CTORS DELETE	13.			ADDITIONS/CHANGES TO OFFIC				8
TITLE	'		[] occert	1.1 T(T				L	_ Change	Addition	18
NAME	LECKEY, PHILLIP BORESS 5803 BRADEN RUN			1.2 NAME		22222					15
STREET ADDRESS	BRADENTON FL	•		1.3 STREET ADDRESS 1.4 CITY - ST - ZIP							ļũ
CITY-ST-ZIP TITLE	D		DELETE	2.1 7(1		- 218			Change	Addition	-16
NAME	PURSLEY, WALTER		_ ve	2.2 NA	-			L_	T Ollando	[] 71001001	
STREET ADDRESS	5803 BRADEN RUN					IDDRESS					
CITY-ST-ZIP	BRADENTON FL			2.4 CI							
TITLE	DV		DELETE	3.1 TIT		211			Change	Addition	1
NAME	LECKEY, LINDA		_	3.2 NA						•	
STREET ADDRESS	5803 BRADEN RUN	†				IDDRESS					
CITY-ST-ZIP	BRADENTON FL			3.4 CI		i i					
TITLE	DVT		DELETE	4.1 7(1					Change	Addition	1
NAME	PURSLEY, TRICIA			4.2 NA	ME				-		Ì
STREET ADDRESS	5803 BRADEN RUN			4.3 \$10	REET A	DORESS					
CITY-ST-ZIP	BRADENTON FL			4.4 C		- ZIP					ŀ
TITLE	AS		☐ DELE1E	5.1 701.8					Change	Addition	1
NAME	SANDERS, LINDA			5.7 NA	ME						
STREET ADDRESS	5803 BRADEN RUN	1		5.3 \$18	REET A	DORESS					
CITY-ST-ZIP	BRADENTON FL			5.4 CIT	Y-\$1-	- 71P					
TITLE			DELETE	6 1 717	LF				Change	Addition	٦
NAME				6.2 NA	ME						
STREET ADDRESS				6.3 \$10	REE1 A	DORESS					
CITY-ST-ZIP				6.4 C(1	Y - S1-	- 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 annually port 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 polyogation 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 thy good, or an attribute of the control of the control