

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90091 002 ***150.00

DOCUMENT # J21677

1. Corporation Name

PURSLEY GARDENS, INC.

Principal Place of Business

C/O LINDA K. SANDERS
P.O. BOX 1448
PALMETTO FL 34220
US

Mailing Address

P.O. BOX 1448
ATTN: LINDA K. SANDERS
PALMETTO FL 34220
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/30/1986

4. FEI Number

59-1532292

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

Trust Fund Contribution

8. This corporation owes the current year Intangible

Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LECKEY, PHILLIP D.
5803 BRADEN RUN
BRADENTON FL 34202

81 Name Phillip D. Leckey

82 Street Address (P.O. Box Number is Not Acceptable)

9115 58th Drive East

83 Suite B

84 City Bradenton

FL

85 Zip Code

34202

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE

NAME
LECKEY, PHILLIP
STREET ADDRESS
5803 BRADEN RUN
CITY-ST-ZIP
BRADENTON FL

TITLE D ☐ DELETE

NAME
PURSLEY, WALTER
STREET ADDRESS
5803 BRADEN RUN
CITY-ST-ZIP
BRADENTON FL

TITLE DV ☐ DELETE

NAME
LECKEY, LINDA
STREET ADDRESS
5803 BRADEN RUN
CITY-ST-ZIP
BRADENTON FL

TITLE DVT ☐ DELETE

NAME
PURSLEY, TRICIA
STREET ADDRESS
5803 BRADEN RUN
CITY-ST-ZIP
BRADENTON FL

TITLE AS ☐ DELETE

NAME
SANDERS, LINDA
STREET ADDRESS
5803 BRADEN RUN
CITY-ST-ZIP
BRADENTON FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-26-99

941-753 7851

CR2E034 (11/98)