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 JUL -3 AM 8:39

DOCUMENT # K49309 (3)

1. Corporation Name
GARLAND GROVES, INC.

Principal Place of Business
% GARY K. WILSON
1100 FIFTH AVENUE SOUTH, SUITE 211
NAPLES FL 33940-6407

Mailing Address
% GARY K. WILSON
1100 FIFTH AVENUE SOUTH, SUITE 211
NAPLES FL 33940-6407

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 4501 Tamiami Trail N.
Suite, Apt. #, etc.
27 Suite 400
City & State
28 Naples, FL 33940
Zip 29 Country 30

3. Date Incorporated or Qualified: 11/30/1988
3a. Date of Last Report: 05/24/1994
4. FEI Number: 65-0092570 ☐ 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

9. Name and Address of Current Registered Agent
WILSON, GARY K.
1100 FIFTH AVENUE SOUTH
SUITE 211
NAPLES FL 33940

10. Name and Address of New Registered Agent
81 Name: WILSON, GARY K.
82 Street Address (P.O. Box Number is Not Acceptable): 4501 TAMIAMI TRAIL N.
83 SUITE 400
84 City: NAPLES, FL 85 Zip Code: 33940

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 _____ DATE _____
(Signature of New Registered Agent, if changing) (Signature of Registered Agent, if changing)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GARLAND, CEDELL
STREET ADDRESS	2600 GARLAND ROAD
CITY-ST-ZIP	NAPLES FL
TITLE	D
NAME	GARLAND, TWYLA
STREET ADDRESS	2600 GARLAND ROAD
CITY-ST-ZIP	NAPLES FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions 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 with an indication of any change(s) or addition(s) with my address.

SIGNATURE: Cedell Garland 4/25/95 (813) 455-6927
CEDELL GARLAND
(Name and Title) (Print Name of Signing Officer or Director) (Date) (Daytime Phone #)