

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**APPROVED
AND
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96 MAY 1 PM 4:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
~~1995~~ 1996

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



DOCUMENT # **K49309**
1. Corporation Name
GARLAND GROVES, INC.

Principal Place of Business Mailing Address
**c/o Gary K. Wilson
4501 Tamiami Trail N.
Suite 400
Naples, FL 33940**

**c/o Gary K. Wilson
4501 Tamiami Trail N.
Suite 400
Naples, FL 33940**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 **4501 Tamiami Trail N.**
22 City & State 27 **Suite 400**
23 Zip 28 **Naples, FL 33940**
24 Country 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.
4501 TAMIAMI TRAIL NORTH
SUITE 400
NAPLES, FL 33940**

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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, typed or printed name of registered agent and beneficial owner Signature of Registered Agent (signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARLAND, CEDELL	1.2 NAME	
STREET ADDRESS	2600 GARLAND ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
NAME	GARLAND, TWYLA	2.2 NAME	
STREET ADDRESS	2600 GARLAND ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

200001834782
-05/22/96-01073-007
****417.50 ****208.75

Handwritten signature/initials

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 119.07(3)(k), 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 a record, or on an attachment with an address.

SIGNATURE: *[Handwritten Signature]* 4/26/96 (941) 455-6927
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #