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 # M67832

(9)

ORMOND GARDEN CENTER, INC.

FILED Apr 25 1997 8:00am Secretary of State

Principal Place of Business Mailing Address					I LOBIOLII: FID OIKI KODEL FOIRO LIXIO IIDI BIBAL OIDI; BIDIL DIDIL DIDIL IIDI					
548 S YONGE STREET ORMOND BEACH FL 32174 US		548 SOUTH YONGE STREET ORMOND BEACH FL 32174-7540 US								
		••	•			3. Date Incorporated or Qualified 02/10/1988	te of Last 29/1996	e of Last Report 9/1996		
Principal Place of Business 1		2a. Mailing Address 26) ₁		4. FEI Number 59-2873582		Applied For Not Applicable			
Suite, Apt. #, etc.		Suite, Apt #, etc.	<u></u> ¬ ′			5. Certificate of Status Desired		Fee F	Additional Required	
City & State		28			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees				
Zip 24	Country	Zip		ıntry		This corporation has liability for interest the state of the stat	ntangible Yes	tax under No	s. 199.032,	
24	25 9. Name and Address of Curre	29 29 Anent	30	1-		Florida Statutes 10. Name and Address of New Re				
HIIO	HES, BARRY E, ESQ.	on negocica Agon		81	Name	10, Nume and Address of New Yor	giotorou	· gom		
	S. RIDGEWOOD AVE									
	NYTONA FL 32119			82 Street Address (P.O. Box Number is Not Accept			ole)		İ	
	(TOTAL DELIG			83			· · · · · · · · · · · · · · · · · · ·			
				84	City		FL	85 Zip	o Code	
agent. I a	m ramiliar with, and accept the obli-	igations of, Section 607.0505, F	iorida Sta	tutes	3 .	corporation submits this statement for the poration's board of directors. I heroby acception to the province of the province o	DATE			
12.	PTD	DELETE	1.1.1	111 6		ADDITIONS/CHANGES TO OFFIC	EHS AINL	Change		
NAME	PHELPS, EUGENE P		1.2 N					Onungo	- LJ Fidalion	
STREET ADDRESS	203 S ORCHARD ST #8A				ADDRESS					
CITY-ST-ZIP	ORMOND BEACH FL				1 - ZIP					
TITLE	VSD	☐ DETETE	211					Change	: Addition	
NAME	D rive r, Nancy C		22 N	IAME		+20.				
STREET ADDRESS	1211 VALENCIA DR		2.3 S	TREET	ADDRES\$					
CITY-ST-ZIP	HOLLY HILL FL				ST - 7IP			این است		
TITLE		. DELETE	311						e	
NAME			3.2 N		1000000					
STREET ADDRESS					ADDRESS ST-ZIP					
CITY-ST-ZIP TITLE		DELETE	4.1 T		DI - ZIF		-	Change	Addition	
NAME .			4.21					*		
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP			4.4 C	ITY-S	1 - ZIP					
TITLE		☐ DELETË	5.1 T	ITLE				Change	Addition	
NAME			5.2 N	IAME	1					
STREET ADORESS			5.3 \$	aree (ADDRESS					
CITY-ST-ZIP	Fig.			11Y-S	T-ZIP	· · · · · · · · · · · · · · · · · · ·				
TITLE		☐ DELETE	G.1 T					☐ Change	Addition	
NAME -	*		6.2 N							
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP			6.40	IIY-S	1-2IP					

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 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, Fiorida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

11/03/07