

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P23931 (9)**

1. Corporation Name
GARDEN ESTATES, INC.



Principal Place of Business: 700 JOHN RINGLING BLVD SUITE 1107 SARASOTA FL 34236-1504
Mailing Address: 700 JOHN RINGLING BLVD SUITE ~~1107~~ 912 SARASOTA FL 34236-1504

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 04/18/1989	3a. Date of Last Report 02/14/1995
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 52-0793967	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent DASHIELL, HAMILTON L. 700 JOHN RINGLING BLVD. #912 SARASOTA FL 34236-1504	10. Name and Address of New Registered Agent
81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL
	85. Zip Code

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 required for principal place of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PTD DASHIELL, HAMILTON L.	1.2 NAME	
STREET ADDRESS	700 JOHN RINGLING BLVD. #912	1.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34236-1504	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VD SHEEHAN, MEDORA D.	2.2 NAME	
STREET ADDRESS	570 PUTTER LANE 5234 Lancelot Dr. LONGBOAT KEY FL Charlotte, NC	2.3 STREET ADDRESS	
CITY-ST-ZIP	28270	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SD DASHIELL, MEDORA B	3.2 NAME	
STREET ADDRESS	700 JOHN RINGLING BLVD. #912	3.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34236-1504	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D DASHIELL, SAMUEL M.	4.2 NAME	
STREET ADDRESS	700 JOHN RINGLING BLVD. #912	4.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34236-1504	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D DASHIELL, HAMILTON L., JR	5.2 NAME	
STREET ADDRESS	700 JOHN RINGLING BLVD. #912	5.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34236-1504	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	

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. But 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.

SIGNATURE: *H.L. Dashiell* 1-19-96 941 361 7308
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)