## 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

## DOCUMENT # P23931 1. Corporation Name

GARDEN ESTATES, INC.

<b>FILED</b>
Jan 23, 1999 8:00am
Secretary of State

01-23-1999 90070 005 \*\*\*150.00

<b></b> w. <b></b>						
Principal Plac	ce of Business	Mailing Address		_		t talendet tra trade itter faried titter from albit graft graft graft graft graft graft.
700 JOHN RIN	IGLING BLVD	700 JOHN RINGLING	G BLVD			
SUITE 912		SUITE 912	12			DO NOT INDITE IN THE CRACE
SARASOTA FL 34236-1504 SARASOTA FL 34236-1504					•	DO NOT WRITE IN THIS SPACE
US		US				3. Date Incorporated or Qualifed 04/18/1989
2. Principal F	Place of Business	2a. Mailing Addres	2a. Mailing Address			4. FEI Number Applied For
21		26	26			<b>52-0793967</b> Not Applicable
Suite, Apt	. #, etc.	<u> </u>	Suite, Apt. #, etc.			5. Certifcate of Status Desired   \$8.75 Additional Fee Required
City & Sta	te	City & State	<del></del>			6. Election Campaign Financing S5.00 May Be
23		28	28			Trust Fund Contribution Added to Fees
Zip Country Zip			Country			8. This corporation owes the current year Intangible
24	25 29 30		30			Personal Property Tax. ☐ Yes ☐ No
	9. Name and Address of Curre	nt Registered Agent		Ш,		10. Name and Address of New Registered Agent
~.	Mark Liates Total			81	Name	
DASHIELL, HAMILTON L.				82	Street A	Address (P.O. Box Number is Not Acceptable)
SAF	RASOTA FL 34236-1504			83	····· <u>-</u>	
				84	City	85 Zip Code
Matting and a Comp	and the second of the second o					corporation submits this statement for the purpose of changing its registered
signature		spell				ration's board of directors. I hereby accept the appointment as registered    -6-99   DATE
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PTD	☐ DELE	£1,1 π	TLE		☐ Change ☐ Addition
NAME	DASHIELL, HAMILTON L.		1.2 NA	ME		
STREET ADDRESS		912	1.3 ST	REET	ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34236-1504		1.4 CI	TY-S1	r-ZIP	
TITLE	VD	☐ DELI	2.1 TF	n.E		☐ Change ☐ Addition
NAME	SHEEHAN, MEDORA D.		2.2 N	ME		
STREET ADDRESS	<del></del>		2.3 \$1	REET	ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC		2.4 C	ITY-S	T- ZIP	
THTLE	SD	☐ DELE	TE 3.1 TI	ΓLE		☐ Change ☐ Addition
NAME	DASHIELL, MEDORA B		3.2 NA	WE	ļ	
STREET ADDRESS	₩ 1.1	912	3.3 \$7	REET	ADDRESS	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
CITY-ST-ZIP	SARASOTA FL 34236-1504		3.4. C		T-ZIP	44. \$\frac{1}{2} \tag{2}
TITLE	D	☐ DELE			1	Change Addition
NAME	DASHIELL, SAMUEL M.		4. 2 N	AME	1	
STREET ADDRESS		912	4.3 ST	REET	ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34236-1504		4.4 CI		r-ZIP	
TITLE	D	☐ DELE				☐ Change ☐ Addition
NAME	DASHIELL, HAMILTON L.,JR		5.2 NA			
STREET ADDRESS	57.57.4	912			ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34236-1504		5.4 CF		r-ZIP	
TITLE	100 mm 1 11 11 11 11 11 11 11 11 11 11 11 1	☐ DELE				☐ Change ☐ Addition
NAME ·	英語 まま - かずが		6.2 NA			
STREET ADDRESS	10				ADDRESS	
CITY OF TID	1 15		6.4 CI	TY-S1	r- 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:

FICER OR DIRECTOR

941 361 738 Daytime Phone #