

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
1900 BANKERS BUILDING, TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

95 MAY -1 AM 8:11

DOCUMENT # **P92000000044 (7)**

THE VILLAGE GARDEN, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: 14145 7TH ST. DADE CITY FL 33525
Mailing Address: 14145 7TH ST. DADE CITY FL 33525

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/27/1992	3a. Date of Last Report 01/13/1995
4. FEI Number 59-3149482	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 190.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 24. Zip 25. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country	30. Country
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9. Name and Address of Current Registered Agent AUVIL, JON L. 37837 MERIDIAN AVE. SUITE 314 DADE CITY FL 33525	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
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11. Pursuant to the provisions of Sections 607.0902 and 607.1508, Florida Statutes, the above named corporation submits the 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

12. OFFICERS AND DIRECTORS		13. AGENTS AND EMPLOYEES TO WHOM FEES ARE TO BE PAID	
TITLE PVST	NAME NORMAN, MELINDA	11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 14145 7TH ST.	12. NAME	12. NAME	
CITY, ST, ZIP DADE CITY FL	13. STREET ADDRESS	13. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		CITY, ST, ZIP	
TITLE	NAME	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	22. NAME	22. NAME	
CITY, ST, ZIP	23. STREET ADDRESS	23. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		CITY, ST, ZIP	
TITLE	NAME	31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	32. NAME	32. NAME	
CITY, ST, ZIP	33. STREET ADDRESS	33. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		CITY, ST, ZIP	
TITLE	NAME	41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	42. NAME	42. NAME	
CITY, ST, ZIP	43. STREET ADDRESS	43. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		CITY, ST, ZIP	
TITLE	NAME	51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	52. NAME	52. NAME	
CITY, ST, ZIP	53. STREET ADDRESS	53. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		CITY, ST, ZIP	
TITLE	NAME	61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	62. NAME	62. NAME	
CITY, ST, ZIP	63. STREET ADDRESS	63. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.01(2)(g), Florida Statutes. I further certify that the information included 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. 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 of this document, or on any attachment with an address.

SIGNATURE: *Melinda M. Norman* **Melinda M. Norman** 4-28-95 904/567-1877
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR