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 # P93000062844 (4)

THE GARDEN SHED OF COUNTRYSIDE, INC.

Jun 09 1997 8:00am Secretary of State

Principal Plac	ce of Business	Mailing Address			a shaithbi tib ihish uiin shiit daili salii s	BRIEB BEITR IN	ENT CATAL ALBUM CIRC (NAT		
2526-B MCMULLEN BOOTH ROAD CLEARWATER FL 34621		2526-B MCMULLEN BOOTH ROAD CLEARWATER FL 34621-4150							
						3. Date Incorporated or Qualified 09/03/1993	1	of Last Report	
2. Principal Place of Business		2a, Mailing Address			4. FEI Number	· · · · · · · · · · · · · · · · · · ·	Applied For		
21		26				59-3203835		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Additional Fee Required	
City & State		City & State	City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip 29				8. This corporation has liability for in Florida Statutes		ax under s. 199.032, No	
	g. Name and Address of Cu	irrent Registered Agent		10. Name and Address of New Registered Agent					
BEN	NEDICT, KEITH T			В1	Name				
2528-B MCMULLEN BOOTH ROAD CLEARWATER FL 34621				82	2 Street Address (P.O. Box Number is Not Acceptable)				
-				83					
				84	City		FL	85 Zip Code	
office or	to the provisions of Sections 607 registered agent, or both, in the sam familiar with, and accept the c	State of Florida, Such char	nge was authorize	d by	the corporati	oration submits this statement for the pu on's board of directors. I hereby accept	rpose of c the appo	hanging its registered ntment as 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 Signature, typed or printed name of registered agent and little if applicable (NOTE Registered Agent signature required whon reinstating) DATE												
12.	OFFICERS AND DIRECTORS	(NOR H	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12								
TITLE	D	DELETE	1,1 TOLE	Change Additi	on							
NAME	BENEDICT, KEITH T		1.2 NAME									
STREET ADDRESS	2802 QUAIL HOLLOW ROAD, E.		1.3 STREET ADDRESS									
CITY-ST-ZIP	CLEARWATER FL 34621		1.4 C(1)Y-ST-2IP									
TITLE		DELETE	2.1 TITLE	☐ Change ☐ Additi	on							
NAME			2.2 NAME									
STREET ADDRESS			2.3 STREET ADDRESS									
CITY-ST-ZIP			2 4 CHTY - ST - ZIP									
TITLE		DELETE	31 TITLE	Change Addition	on							
NAME			3.2 NAME									
STREET ADDRESS			3.3 STREET ADDRESS									
CITY-ST-ZIP			3.4. CITY - ST - ZIP									
TITLE] DELETE	4.1 TITLE	☐ Change ☐ Additi	on]							
NAME			4. 2 NAME		[
STREET ADDRESS			4.3 S1REE1 ADDRESS									
CITY-ST-ZIP			4.4 CITY+ST-ZIP									
TITLE		DELETE	51 1IILE	Change 🗷 Additi	o n							
NAME		1	5.2 NAME	// / / / / / / / / / / / / / / / / / /	จไ							
STREET ADDRESS			5.3 STREET ADDRESS	1/1/9/4	"{							
CITY-ST-ZIP			5.4 CITY-ST-ZIP		_1							
TITLE		DELETE	6.1 TITLE	Change ' ☐ Additi	on							
NAME		j	6.2 NAME	600002211156								
STREET ADDRESS			6.3 STREET ADDRESS	-06/13/9701014025								
CITY-ST-ZIP			6.4 CITY-ST-ZIP	***165.00								

14. 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 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 is true and accurate and that my signature shall have the same logal effect as if made under oath; that I am an officer or director of the compilation or the deliver 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 pringles are not pattachment with an access.