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 # P93000062844

1. Corporation Name

THE GARDEN SHED OF COUNTRYSIDE, INC.

FILED Feb 21, 1999 8:00 am Secretary of State

02-21-1999 90043 006 ***150.00



					HAMI INITI (
incipal Place of Business						
ñ-is McMullen Booth Road Arwater Fl 34621 	2526-B MCMULLEN BOOTH CLEARWATER FL 34821	ROAD -				
ARMATER IC SACE	OLEANWATER TE SACET			DO NOT WRITE IN THIS SP	ACE	
				3. Date Incorporated or Qualifed 09/03/1993		
Principal Place of Business 2a. Mailing Address				4. FEI Number	Ap	plied For
	26			59-3203835	No	t Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired \$8.75 Additional Fee Required		
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution			
Zig 376/ 25 Country				8. This corporation owes the current year Intangible Personal Property Tax. Yes No		
9. Name and Address of	Current Registered Agent			10. Name and Address of New Registered Age	nt	
			81 Name			
BENEDICT, KEITH T 2526-B MCMULLEN BOOTH ROAD			82 Street Add	fress (P.O. Box Number is Not Acceptable)	-	
		Jan Street		A COST TOTAL TOTAL ACCORDING		
CLEARWATER FL 94621			83			
			84 City	FL	5 Zip C	761
D	207 0500 - J 607 4500 Florid- Charles		Davis -amed ass	poration submits this statement for the purpose of cha		
agent. I am familiar with, and accept the interference Signature, typed or printed name of regions.			Agent signature requir	red when reinstating) DATE		
	OFFICERS AND DIRECTORS			ADDITIONS/CHANGES TO OFFICERS AND D		
.) D	DELETE	1.1 TIT	I.E		Change	☐ Addition
			ME			
			REET ADORESS			
ST-ZIP CLEARWATER FL 34621		-	Y-ST-ZIP		Channe	☐ Addition
	☐ DELETË	2.1 TIT			Change	☐ Addition
-		2.2 NA	1			
_I ADDRESS	·		REET ADDRESS	" a ye and profit from management	-	
ST-ZIP		_	TY-ST-ZIP		Change	☐ Addition
-	☐ DELETE	3.1 TIT		. L] Change	Addition Addition
-		3.2 NA	1			
I ADDRESS			REET AODRESS			
ST-ZIP	☐ DELETE	4.1 TIT	TY-ST-ZIP		Change	Addition
-	. L octete				Linuigo	
)						
: ADDRESS		4.2 NA				
ST-ZIP		4.3 ST	REET ADDRESS			
51-211	□ DELETE	4.3 ST	REET ADDRESS		Change	☐ Addition
31-211	☐ DELETE	4.3 ST 4.4 CN 5.1 TH	REET ADDRESS FY-ST-ZIP		Change	Addition
-	☐ DELETE	4.3 ST 4.4 CT 5.1 TT 5.2 NA	REET ADDRESS FY-ST-ZIP LE ME		Change	Addition
ALUNESS	☐ DELETE	4.3 STI 4.4 CD 5.1 TH 5.2 NA 5.3 STI	REET ADDRESS IV-ST-ZIP LE ME REET ADDRESS		Change	Addition
-		4.3 STI 4.4 CD 5.1 TH 5.2 NA 5.3 STI	REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP			
	☐ DELETE	4.3 STI 4.4 CII 5.1 TII 5.2 NA 5.3 STI 5.4 CII	REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE		Change	Addition
ALUNESS ST-ZIP		4.3 STI 4.4 CD 5.1 TH 5.2 NA 5.3 STI 5.4 CD 6.1 TH 8.2 NA	REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME			
_: ANDRESS		4.3 STI 4.4 CM 5.1 TH 5.2 NA 5.3 STI 5.4 CM 6.1 TH 8.2 NA 6.3 STI	REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE			

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 that 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 of the corpo

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR