## 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 # P94000018197

GARDNER ENTERPRISES OF AMERICA, INC.

Principal Place of Business Mailing Address								f 10031004 110 10131 dian odili adili dalit adili adili adili ildi ildi ildi ildi	
1261 VILLAGE LAKE DRIVE NORTH DELAND FL 32724			1261 VILLAGE LAKE DRIVE NORTH DELAND FL 32724					DO NOT WRITE IN THIS CRACE	
								DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed	
•								3. Date incorporated or Qualified 03/04/1994	l
<b>6</b> D : - : - : - : - : - : - : - : : - : : - :	f D. sin and	20	Mailing Address					4. FEI Number Applied For	$\dashv$
2. Principal Place of Business			2a. Mailing Address					<b>59-3284143</b> Not Applicable	,
Suite, Apt. #, etc.		26	Suite, Apt. #, etc.					\$8.75 Additional	$\exists$
<del>-</del>		27	¬ ·····					5. Certificate of Status Desired Fee Required	
City & State		27	City & State					6. Election Campaign Financing \$5.00 May Be	٦
23		28	28					Trust Fund Contribution Added to Fees	╝
Zip	Country	<u> </u>	Zip	Co	untry	,		8. This corporation owes the current year Intangible	Ì
24	25	29		30				Personal Property Tax. Yes No	┙
	9. Name and Address of Currer	t Regis	tered Agent					10. Name and Address of New Registered Agent	4
	AND BAROTHEA I				81	N	ame		
	COTT, DOROTHEA J				82	St	reet Addres	ress (P.O. Box Number is Not Acceptable)	7
1261 VILLAGE LAKE DRIVE NORTH						<u> </u>	<del>-</del>		$\dashv$
UELA	ND FL 32724				83	\			1
					84	Ci	ty	85 Zip Code	٦
							<u> </u>	FL   65   21   665	4
office or re	edistered agent or both in the State.	of Florid	la. Such change was at	uthorize	ed by	tne	med corpor corporation	oration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered	- {
agent. I a	m familiar with, and accept the obliga	tions of,	Section 607.0505, Flor	ida Sta	tutes	š.			
SIGNATURE								<i>H</i> -11 − 99  PATE  PATE	- 1
Signature, typed or printed name of registered agent and title if applicable. (NOTE				_ <u>-</u> _	Registered Agent signature require 13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	┥
12.	PD OFFICERS AN	D DIKE	DELETE		NTLE			Change Addition	in
TITLE	TALCOTT, JOHN G III		- pecese	1	NAME		1	<u> </u>	1
NAME	1261 VILLAGE LAKE DRIVE NO	HTG			STREET	T AMD	DECC		- {
STREET ADDRESS	DELAND FL 32724	mu		1			- 1		
CITY-ST-ZIP TITLE	VD		☐ DELETE	_	TITLE	1-ZIP		☐ Change ☐ Addition	ᆔ
NAME	TALCOTT, DOROTHEA J				NAME		- (		Į
	1261 VILLAGE LAKE DRIVE NO	HTA			STREET	TADD	RESS		- [
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NAME	TALCOTT, DOROTHEA J			1	NAME				
STREET ADDRESS	1261 VILLAGE LAKE DRIVE NO	HTR(			STREET	T ADD	RESS		
CITY-ST-ZIP	DELAND FL 32724			3.4.	CITY-S	ST-ZIF	,		
TITLE			☐ DELETE	_	TITLE			☐ Change ☐ Addition	n
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STREET ADDRESS				4.3	STREET	TADD	RESS		
CITY-ST-ZIP				4.4	CITY-S	ST-ZIP			
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CITY-ST-ZIP					CITY-S	ST-ZIP			_
TITLE			☐ DELETE		TITLE			☐ Change ☐ Addition	ן חק
NAME				1	NAME				
CTDCCT ADDDECC	1			6.3	STREE	TADO	RESS		

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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

**FILED** 

May 07, 1999 8:00 am Secretary of State

05-07-1999 90076 024 \*\*\*150.00