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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996 DOCUMENT #

P94000039951 (6)

AUBURNDALE FARM & GARDEN, INC.

Principal Place of Business

Mailing Address



226 LAKE AVE AUBURNDALE FL 33823		226 LAKE AVE AUBURNDALE FL 33823						
					 Date Incorporated or Qualified 05/23/1994 	3a. Date o	Last Re 01/19	
2. Principal Plac	ce of Business	2a. Mailing Address		4. FEI Number 59-3242492	Applied For Not Applicable			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
22		27						
City & State		City & State	¬ '		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country	Zip	Country		8. This corporation has liability for		under s	199.032,
24	25	29	30		110.000	□ No		
	9. Name and Address of Curr	rent Registered Agent			10. Name and Address of New F	egistered A	jent	
			81	Name				
KEITH, W C LGS ACCOUNTING			82	Street Add	ress (P.O. Box Number is Not Acceptat	le)		
	OMMERCIAL PARK DR		83					
	AND FL 33801		84	' '		FL	'	Code
or registere familiar with	o the provisions of Sections 607 (bit agent, or both, in the State of Fig., and accept the obligations of, Signature, speed or protect name of registroid as	lorida. Such change was authorize ection 607.0505, Florida Statutes	ed by the corp	oration's Doa	ration submits this statement for the pure and of directors. I hereby accept the approximation of the approximatio	ointment as re	gstered	agent. I am
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	ICERS AND [DIRECTO	RS IN 12
TITLE	D	DELETE	1 1 TITLE	-			Charige	Add-tion
NAME	ezell, Brenda		1.2 NAME					
STREET ADDRESS	112 ARIANA PLACE		1.3 STREE	T ADDRESS				
CITY - ST - ZIP	AUBURNDALE FL 33823		1.4 CITY -	S1-ZIP				
TITLE	☐ DELETE		2 1 11/11/15			L.	Change	Addition
NAME			2.2 NAME					
STREET ADDRESS				T ADDRESS				
CITY - ST - ZIP	T) DELETE		24 CHY- 3 1 TITLE				1 Onange	Addition
TITLE		pecate	3 2 NAME					
NAME STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP			3.4 C/TY -	i				
TITLE		4 1 11116] Change	■ Addition	
NAME			4.2 NAM6					
STREET ADDRESS			4.3 STREE	1 ADDRESS				
CITY - ST - ZIP		.,	4 4 CITY	ST-ZIP			1.0	
TITLE		DELETE			Change			Addition
NAME			5.2 NAME	1				
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP			5.4 CISY				T Conner	Add.tion
THILE		☐ DELETE	6 1 TiTul			L] Change	Add-tion
NAME			6.2 NAM					
STREET ADDRESS	1			EL ADDRESS				
CITY OT 71D			6.4 CITY	ST-ZIP				

14. To hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes 1 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 early, 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 3 if changed, or on an attachment with an address.

SIGNATURE!

SIGNATURE AND TYPED OR PRINTED WANT OF SIGNING OFFICER OR DIRECTOR

5-20-96 941-967-3711

CR2E024 /12/0