FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT CE STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

POCUMENT # P9400039951 (6)

AUBURNDALE FARM & GARDEN, INC. Principal Place of Business Mailing Address 226 LAKE AVE AUBURNDALE FL 33823 AUBURNDALE FL 33823					
·				3. Date Incorporated or Qualified OF 102 (1004)	3a. Date of Last Report
2. Principal P	lace of Business	2a. Mailing Address		05/23/1994 4. FEt Number	05/24/1996 Applied For
21	lace of Secures	26		59-3242492	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip 24	Country 25	Zip	Country 30	This corporation has liability for Florida Statutes	intangible tax under s. 199.032, XYes □ No
<u> </u>	9. Name and Address of Curre]30]	10. Name and Address of New Re	
KFN	TH, W C		81 Name		<u> </u>
LGS ACCOUNTING			82 Street Add	ress (P.O. Box Number is Not Acceptat	nle)
1517 COMMERCIAL PARK DR			Oliver Made	Toda (F. o. Box Humber is Hot Associate	510,
LAKELAND FL 33801			83		
			84 City		FL 85 Zip Code
office or r agent. I a SIGNATURE	registered agent, or both, in the Statum familiar with, and accept the oblining signature, typed or printed name of registered as		s authorized by the corporal Florida Statutes. Tit: Registered Agent signature requir	oration submits this statement for the plion's board of directors. I hereby accepted when reinstating)	pt the appointment as registered
12,	OFFICERS AT	ND DIRECTORS] 13.	ADDITIONS/CHANGES TO OFFICE	CERS AND DIRECTORS IN 12
TITLE	D	DELETE	1.1.1(TLE		Change Addition
NAME .	EZELL, BRENDA		1.2 NAMÉ		
STREET ADDRESS	112 ARIANA PLACE		1.3 STHEET ADDRESS		,
CITY-ST-ZIP	AUBURNDALE FL 33823	Librette	1.4 CITY - ST - ZIP		Channel
TITLE		L] DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS			2.2 NAME 2.3 STREET ADDRESS		ł
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		-
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST - ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4 2 NAME		}
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
NAME		ليا مدرداد	5.2 NAME		Figuria Figurian
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		DELETE	5.4 CITY-31-21F		Change Addition
NAME			6.2 NAME		_ •
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-7IP	•		6.4 C0V+S1-7/P		

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 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 as attachment with an address.

SIGNATURE:

3-14-47

944-941-3711

FILED

Apr 18 1997 8:00am

Secretary of State