FILED Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90059 007 \*\*\*150.00

## FILE NOW: FILING FEE AFTER MAY 1ST IS \$580.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATES **Katherine Harris** Secretary of State

DIVISION OF CORPORATIONS

1999 DOCUMENT # **P94000039951**1. Corporation Name

AUBURNDALE FARM & GARDEN, INC.

Prir	ncipal	Place	of	Business
112	LAVE	AVE		



Principal Place	e of Business	Mailing Address					
226 LAKE AVE		226 LAKE AVE					
`auburndale f	FL 33823	AUBURNDALE FL 33823			DO NOT WRITE IN THIS	SPACE	
1					3. Date Incorporated or Qualifed	· · ·	
,					05/23/1994		
: Principal Pi	lace of Business	2a. Mailing Address		<del></del>	4. FE! Number	7.77	Applied For
24 3.C	Maria Ta Ave	26 315 Magn	· lie	Due	59-3242492		Not Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.	<u>V 1) -                                  </u>			\$8.75	Additional
22		27			5. Certificate of Status Desired	, Fee I	Required
City & State	e al -	Çity &¡State			6 Election Compaign Financing	\$5.0	<b>0</b> Мау Ве
23 AJb	indule .FL	28 Aubundule	FL		Trust Fund Contribution	Adde	to Fees
Zip	Country	Žip	Count		8. This corporation owes the current year in	tangible	
24 335	2 25 ()SA-	29 33822 3	o U	SK	Personal Property Tax.	Yes	□No
1	9. Name and Address of Current	t Registered Agent			10. Name and Address of New Registered	Agent	
ı			8	Name			
	H, W C			Street Ac	idress (P.O. Box Number is Not Acceptable)		
	ACCOUNTING		'	Sueet At	( .C. DOX Hallinos to Hot Moodplasso)		
1517	COMMERCIAL PARK DR		E	33			
LAK	ELAND FL 33801		ļ.	14 00		06 7	Code
			[8	34 City	FL	85   Zij	Code
11 Pureuant	to the provisions of Sections 607 0502	2 and 607 1508. Florida Statutes	the abo	ove-named co	prporation submits this statement for the purpose of	f changing	ts registered
office or re agent. I a	egistered agent, or both, in the State on m familiar with, and accept the obligat	of Florida. Such change was aut ions of, Section 607.0505, Florid	norized t a Statut	by the corpora es.	ation's board of directors. I hereby accept the appo	ınımeni as	registered
SIGNATURE					uired when reinstating) DATE		
	Signature, typed or printed name of registered agent			gent signature requ	DATE  ADDITIONS/CHANGES TO OFFICERS A	ND DIREC	TORS IN 12
12.	OFFICERS ANI	_ <del></del>	13.		ADDITIONS/CHANGES TO CITTOETTE AL	Change	
TITLE	D	☐ DELETÉ	1.1 TITL	1			
NAMÉ	EZELL, BRENDA	× .	1.2 NAM				
STREET ADDRESS	112 ARIANA PLACE			EET ADDRESS			
CITY-ST-ZIP	AUBURNDALE FL 33823	□ bt etc		ST-ZIP		Chang	e Addition
TITLE		☐ DELETE	2.1 TITU	· /		L) Cliang	. C vaginor
NAME			2.2 NAM	E			
STREET ADDRESS			2.3 STRI	EET ADDRESS			
CITY-ST-ZIP		<u> </u>		f-ST-ZIP,	<u> </u>		· ·
TITLE		☐ DELETĒ	3.1 TITL	E		Chang	e
NAME			3.2 NAM	iE			
STREET ADDRESS			3.3 STR	EET ADDRESS			
CITY-ST-ZIP			3.4. CITY	Y-ST-ZIP			<b>—</b>
TITLE		☐ DELETE	4.1 TITL	E		Chang	e [] Addition
NAME			4. 2 NAN	Æ			•
STREET ADDRESS			4.3 STR	RET ADDRESS			
CITY-ST-ZIP			4.4 CITY	-ST-ZIP			
TITLE		☐ DELETE	5.1 TITL	E		☐ Chang	e Addition
NAME			5.2 NAM	<b>E</b>			
STREET ADDRESS			5.3 STR	EET ADDRESS			
CITY-ST-ZIP			5.4 CITY	-ST-ZIP			
TITLE		☐ DELETE	6.1 TITL	E		Chang	e 🔲 Addition
NAME		<del>-</del> -	6.2 NAM	E			
				EET ADDRESS	•		
STREET ADDRESS			•	-ST-ZIP			
CITY-ST-ZIP			0.7 0111	-91727			

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