

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

CORPORATION
ANNUAL REPORT
1995



DEPARTMENT OF REVENUE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

DOCUMENT # P94000062876 (5)

FLORIDA FANCY GARDENS, INC.

05 MAR -7 PM 1:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

524 GULF BAY ROAD
LONGBOAT KEY FL 34228

524 GULF BAY ROAD
LONGBOAT KEY FL 34228

3. Day of registration: 08/25/1994
3a. Date of report: 08/25/1994

4. FET Number: 65-0514767
Approved For: [Signature]

5. Certificate of Status Fee: ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: ☐ \$5.00 May Be Added to Fees

8. Has corporation been liable for information tax under S. 192.02, Florida Statutes? ☒ Yes ☐ No

21. [Blank]
22. [Blank]
23. [Blank]
24. [Blank]
25. [Blank]
26. 2a. Name: WALTER SANDERS
27. 2b. Address: 13910 N. DALE MABRY SUITE 1
28. 2c. City: TAMPA, FL
29. 2d. Zip: 33618
30. 2e. Country: US

9. Name and Address of Current Registered Agent

SANDERS, WALTER
13910 N. DALE MABRY HIGHWAY
SUITE 1
TAMPA FL 33618

10. Name and Address of New Registered Agent

81. Name: [Blank]
82. Street Address (if O. Box Number is Not Applicable): [Blank]
83. [Blank]
84. City: [Blank]
85. Zip Code: FL

11. I, the undersigned, being a resident of the State of Florida, do hereby certify that the above named corporation submits this statement for the purpose of changing its registered office. I have read and approved this statement of the corporation's board of directors. I hereby accept the appointment as registered agent. I am

SIGNATURE: [Signature]

12. OFFICERS AND DIRECTORS
D
YOUNG, LESLIE
524 GULF BAY ROAD
LONGBOAT KEY FL 34228

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. NAME: [Blank] ☐ Change ☐ Addition
2. NAME: [Blank] ☐ Change ☐ Addition
3. STREET ADDRESS: [Blank] ☐ Change ☐ Addition
4. CITY, ST, ZIP: [Blank] ☐ Change ☐ Addition
5. NAME: [Blank] ☐ Change ☐ Addition
6. NAME: [Blank] ☐ Change ☐ Addition
7. STREET ADDRESS: [Blank] ☐ Change ☐ Addition
8. CITY, ST, ZIP: [Blank] ☐ Change ☐ Addition
9. NAME: [Blank] ☐ Change ☐ Addition
10. NAME: [Blank] ☐ Change ☐ Addition
11. STREET ADDRESS: [Blank] ☐ Change ☐ Addition
12. CITY, ST, ZIP: [Blank] ☐ Change ☐ Addition
13. NAME: [Blank] ☐ Change ☐ Addition
14. NAME: [Blank] ☐ Change ☐ Addition
15. STREET ADDRESS: [Blank] ☐ Change ☐ Addition
16. CITY, ST, ZIP: [Blank] ☐ Change ☐ Addition
17. NAME: [Blank] ☐ Change ☐ Addition
18. NAME: [Blank] ☐ Change ☐ Addition
19. STREET ADDRESS: [Blank] ☐ Change ☐ Addition
20. CITY, ST, ZIP: [Blank] ☐ Change ☐ Addition

SIGNATURE:

[Signature]
SIGNATURE AND TITLE OF REGISTERED AGENT

Leslie Young 03/01/95 813-383-2182