## 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 #

Corporation Name

TITLE

NAME

STREET ACCIRESS

P94000078102 (8)

AAHDMET	GARDENS.	INC
(4C)LIHME I	GAHUENO	INU.

Mailing Address Principal Place of Business 915 EAGLE LANE 915 EAGLE LANE APOLLO BEACH FL 33572 APOLLO BEACH FL 33572 3a. Date of Last Report 3. Date Incorporated or Qualified 08/21/1995 10/25/1994 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business Not Applicable 59-3273952 26 21 \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Suite, Apt. #, etc. Fee Required 27 22 \$5.00 May Be 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s. 199.032, Country Country Zıp Yes No Fiorida Statutes 30 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Bi Name Street Address (P.O. Box Number is Not Acceptable) MCDERMOTT, MICHAEL J 791 WEST LUMSDEN ROAD 83 BRANDON FL 33511 Zin Code 85 84 City 11. Pursuant to the provisions of Sections 607,0502 and 607,1508. Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. CIATE SIGNATURE CR2E034 (12/95) Signature, typed or protection asserting tree tailer hand the hand is like ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. OFFICERS AND DIRECTORS 12. Change Addition DELETE 1.1166 TITLE 1.2 NAME PASS, DWAYNE A NAM: 1.3 STREET ADDRESS 915 EAGLE LANE STREET ADDRESS APOLLO BEACH FL 33572 1.4 CHY-ST-ZIP CITY - ST - ZIP Addition ☐ Change DELETE 2 1 TILLE TITLE 2.2 NAME NAME 2.3 STREET ACORESS STREET ADDRESS 2 4 C(TY - ST - ZIP City-St-ZiP Change Addition DELETE 3 1 T-TLF THILE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CHY - ST- ZIF CITY - ST - ZIP ☐ Change ☐ Addition DELETE 4 1 TITUE THILE NAME 4.3 STREET ADORESS STREET ADDRESS 4.4 CITY - ST - Z P CHTY - ST. ZIP Change Add tion DELETE 5 1 1il: £ TITLE NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY - ST - ZIP CITY - ST-ZIP Change Addition

6 1 THILE

6.2 NAME

64 City-St-ZiP

14. I do hereby certify that the information supplied with this filing is vountarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 logal effect as if made under 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 logal effect as if made under certify that it 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

6.3 STREET ADDRESS

Vierdent 6/2/16 (813)671 9500

DELETE

SIGNATURE AND TYPE OF PRINTED NAME