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 #** P95000008819 (1)

1. Corporation DAW G	GARDEN ORNAMENTAL, INC	3.	,				
Principal Place	of Business	Mailing Address				BORR OF IN OTHER	/101 10:01 110FA 10FF 100F
14124 FALDO HUDSON FL	• • •	14124 FALDO CT HUDSON FL 34667					
A Discissi Dia					3. Date Incorporated or Qualified 01/30/1995	3a. Date of L	
2. Principal Pla	37 ALTOONA AND	2a. Mailing Address 26 12037 ALT	Tocoma	AUE	4. FEI Number 59 - 33 05 7 8	5	Applied For Not Applicable
Suite, Apt. #		Suite, Apt. #, etc. 27			5. Certificate of Status Desired	\$	8.75 Additional Fee Required
	LOSON FL	City & State 28 Huoson			6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
Zip 24 3466			Coun 30 (ltry 1.5.9.	8. This corporation has liability for it Florida Statutes	□No	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New R	egistered Agei	nt
			8	81 Name			
WALKER, RONALD 14124 FALDO CT					ress (P.O. Box Number is Not Acceptabl	le)	
HUDSON FL 34667			E	B3			
				B4 City		FL 85] :
or registere	o the provisions of Sections 607.0502 and agent, or both, in the State of Florid n, and accept the obligations of, Section	ia. Such change was authorized	, the above 1 by the co	e-named corpor prporation's boar	ration submits this statement for the purp rd of directors. I hereby accept the appo	pose of changin pintment as regis	ig its registered office stered agent. I am
SIGNATURE _							
	Signature, typed or printed name of registered agent a OFFICEDS AND			gent signature required		DATE	
12.	OFFICERS AND DIRECTORS PSD DELETE		13.	· ·	ADDITIONS/CHANGES TO OFFI	· · · · · · · · · · · · · · · · · · ·	
NAME	DAWSON, JOHN		1.2 NAME			☐ Ch	hange
STREET ADDRESS	14124 FALDO CT			EE1 ADDRESS			
CITY-ST-ZIP	HUDSON FL 34667			r-ST-2IP			
TITLE	VTD	☐ DELETE	2. 1 TITLE			[] Ch	nange Addition
NAME	WALKER, RONALD		2 2 NAME				
STREET ADDRESS	14124 FALDO CT			EET ADDRESS			
CITY-ST-7IP	HUDSON FL 34667	·	2.4 CITY-ST-ZIP				
TITLE		☐ DELETE	3 1 TITLE			☐ Ch	nange 🔲 Addition
NAME			32 NAM	lE			
STREET ADDRESS			3 3. STR	EET ADDRESS			
CITY - ST - ZIP				1-ST-ZIP			
TOLE		☐ DELETE	4. 1 TITL	1		☐ Ch	nange 🔲 Addition
NAME			4.2 NAM	i			
STREET ADDRESS				EET ADDRESS			
CITY-ST-ZIP		- Outt		'-ST-ZIP			
TITLE	•		5. 1 11fL			□ Ch	nange
NAME CINCEL ADDRESS			5.2 NAM				
STREET ADDRESS				EET ADDRESS			
CITY-ST-ZIP TITLE				-ST-ZIP			FTS A APPL
			6. 1 TITL			☐ Ch	nange
NAME PERCET APPOSES			6.2 NAM				
STREET ADDRESS				EET ADDRESS			
CITY-ST-ZiP	contify that the information supplied w	ith this filing is unluntarily furnish		-ST-ZIP	or the exemption stated in Section 119.0	OZ-OVIA Etodolo	O-10-15 Mar
certify that to eath; that I	the information indicated on this annua	al report or supplemental annua ation or the receiver or trustee a	al report is (empowered	true and accurat	is the exemption state in Section 119. Ite and that my signature shall have the s s report as required by Chapter 607, Flo	cama logal office	t an if made under

SIGNATURE: ROWALD WALLER OF 16 96 813.869.5864