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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000045935 (0)

LUCY HO'S BAMBOO GARDEN OF MARION COUNTY, INC.

Principal Piace 1900 S. PINE A OCALA FL 344	NVENUE	Mailing Address 1900 S. PINE AVENUE OCALA FL 34474-5145								
						3. Date Incorporated or Qualified 06/08/1995		ate of Last Re 01/1996	port :	
2, Principal P	iace of Business	2a. Mailing Address 26 P.O. BOX 1	.807			4. FEI Number 59-3220568			plied For t Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State	0	City & State	,			Election Campaign Financing Trust Fund Contribution		\$5.00 Added to		
Zip 24	Country 25	Zip 1807	Count	ry		8. This corporation has liability for in		tax under s.	199.032.	
<u></u>	g. Name and Address of Curren					10. Name and Address of New Re	gistered /	Agent		
LAO, BO-YU				1 Na	me					
1900	O S. PINE AVENUE ALA FL 34474		8	2 Str	eet Addre	ess (P.O. Box Number is Not Acceptab	ile)			
	CONTROL OFFICE		8	3						
			8	4 Cit	y		FL	85 Zip C	Code	
11, Pursuant office or r agent. La	ogistered agent, or both, in the State in familiar with, and accept the obliga- State of registered age	of Florida. Such change was at ations of, Section 607.0505, Flor nt and the if applicable (NOTE	uthorized rida Statut	by the es.	corporati	oration submits this statement for the p on's board of directors. I hereby accep ad when reinstating)	DATE	ointment as	registered	
12.	OFFICERS AND DIRECTORS					ADDITIONS/CHANGES TO OFFICE	ERS AND			
THEF	D	☐ DEFELE	1.1 TITLE					Change	Addition	
NAME	LAO, BO-YU			1.2 NAME						
STREET ADDRESS	1900 S. PINE AVENUE OCALA FL 34474		1.3 STREET		iss					
CITY-ST-7/P TITLE	OCADA FE 34474	DELETE	1.4 CITY 2.1 TITLE					Change	Addition	
NAME				2.2 NAME				Line Strongs		
STREET ADDRESS			2.2 NAM		ESS					
CHTY+S1+ZIP			2. 4 C(T)		- 1					
TilleF		DELETE	E 31 TITLE					Change	Addition	
NAME			3.2 NAM	E	1					
STREET ADDRESS			3.3 STRE	ET ADDR	ESS					
CITY-\$1-7@			3.4. C(T)	-ST - ZIP						
TITLE		DELETE	4.1 TITLE		İ			Change	Addition	
NAMI,			4. 2 NAM	E						
STREET ADDRESS			4.3 STRE	ET ADDR	ESS					
DITY-ST ZIP			4.4 CITY					7 7 60	1 1 1 1 1 1 1 1 1	
TOLE		☐ DELETE	5.1 TITLE					Change	Addition	
NAME			5.2 NAM							
STREET ADDRESS			5.3 STRE							
DTY-ST-ZIP		Decree	5.4 CITY					L Obsessi	A database	
TITLE		DELETE	6.1 TITU					☐ Change	Addition	

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 an attachment with an address.

6.2 NAME

6.3 STREET ADDRESS

NAM:

STREET ADDRESS CITY - ST - 76

Daytime Phone #

FILED

Apr 09 1997 8:00am

Secretary of State