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FILED  
May 14 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000056187 (4)

1. Corporation Name

GECKO GARDENS INCORPORATED

Principal Place of Business

P.O. BOX 57835  
JACKSONVILLE FL 32241

Mailing Address

P.O. BOX 57835  
JACKSONVILLE FL 32241

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/19/1995

4. FEI Number

59-3325129

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 8900 PHILIPS HWY.

Suite, Apt. #, etc.

22

City & State

23 JACKSONVILLE, FL.

Zip

24 32256

Country

25 USA

2a. Mailing Address

26 8900 PHILIPS HWY.

Suite, Apt. #, etc.

27

City & State

28 JACKSONVILLE, FL.

Zip

29 32256

Country

30 USA

9. Name and Address of Current Registered Agent

MURPHY, ERIC  
14207 CRYSTAL COVE DR. SOUTH  
JACKSONVILLE FL 32224

10. Name and Address of New Registered Agent

81 Name

JAMES MORGAN

82

Street Address (P.O. Box Number is Not Acceptable)

1308 WOLFE ST.

83

84

City

JACKSONVILLE

FL

85 Zip Code

32205

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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

*[Signature]*

(NOTE: Registered Agent signature required when reinstating)

DATE

*[Signature]* 29 Apr 98

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME P  
CROTEAU, RICK  
STREET ADDRESS 1308 WOLFE ST.  
CITY-ST-ZIP JACKSONVILLE FL 32205

TITLE ☐ DELETE

NAME V  
MORGAN, JAMES  
STREET ADDRESS 1308 WOLFE ST.  
CITY-ST-ZIP JACKSONVILLE FL 32205

TITLE ☐ DELETE

NAME VTS  
MURPHEY, ERIC  
STREET ADDRESS 14207 CRYSTAL COVE DR. S.  
CITY-ST-ZIP JACKSONVILLE FL 32224

TITLE ☐ DELETE

NAME V  
MURPHEY, SUZANNE  
STREET ADDRESS 14207 CRYSTAL COVE DR. S.  
CITY-ST-ZIP JACKSONVILLE FL 32224

TITLE ☐ DELETE

NAME V  
BAKER, MICHAEL  
STREET ADDRESS 2105 EAST WINTER PARK RD.  
CITY-ST-ZIP ORLANDO FL 32803

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

*[Signature]*



CR2E034 (10/97)