

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000062775 (8)

1. Corporation Name

ARDLEIGH BRAMHOPE, INC.



Principal Place of Business

15 HYPOLITA STREET  
ST. AUGUSTINE FL 32084

Mailing Address

15 HYPOLITA STREET  
ST. AUGUSTINE FL 32084

2. Principal Place of Business

2a. Mailing Address

21 THE TEA ROOM

26 THE TEA ROOM

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 15 HYPOLITA STREET

27 15 HYPOLITA STREET

City & State

City & State

23 ST. AUGUSTINE FL

28 ST. AUGUSTINE FL

Zip

Zip

Country

Country

24 32084

25 USA

29 32084

30 USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

08/11/1995

3a. Date of Last Report

FIRST REPORT

4. FEI Number

59-3330007

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

GREEN, ROBERT J  
15 HYPOLITA STREET  
ST. AUGUSTINE FL 32084

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0102 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 of Registered Agent or Secretary or other officer or director

Signature of Registered Agent or Secretary or other officer or director

DATE

12. OFFICERS AND DIRECTORS

1. TITLE

PD  
NAME  
GREEN, ROBERT J  
STREET ADDRESS  
15 HYPOLITA STREET  
CITY-STATE-ZIP  
ST. AUGUSTINE FL 32084

☐ DELETE

2. TITLE  
VSTD  
NAME  
GREEN, JUDITH ANNE J  
STREET ADDRESS  
15 HYPOLITA STREET  
CITY-STATE-ZIP  
ST. AUGUSTINE FL 32084

☐ DELETE

3. TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ DELETE

4. TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ DELETE

5. TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ DELETE

6. TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1. TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

2. 1. TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP

3. 1. TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

4. 1. TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP

5. 1. TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP

6. 1. TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily 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 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:

Robert J. Green Robert J. Green

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-8-96

Date

904-808 8395

Telephone Number

CR2E034 (12/95)