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Jan 24 1997 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1997



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: THE TEA ROOM, 15 HYPOLITA STREET, ST. AUGUSTINE FL 32084 US  
Mailing Address: THE TEA ROOM, 15 HYPOLITA STREET, ST. AUGUSTINE FL 32084-3605 US

3. Date Incorporated or Qualified: 08/11/1995  
3a. Date of Last Report: 02/13/1996  
4. FEI Number: 59-3330007  
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

2. Principal Place of Business (21-24)  
2a. Mailing Address (26-30)

9. Name and Address of Current Registered Agent: GREEN, ROBERT J, 15 HYPOLITA STREET, ST. AUGUSTINE FL 32084  
10. Name and Address of New Registered Agent (81-85)

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: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS  
1. PD GREEN, ROBERT J, 15 HYPOLITA STREET, ST. AUGUSTINE FL 32084  
2. VSTD GREEN, JUDITH ANNE J, 15 HYPOLITA STREET, ST. AUGUSTINE FL 32084

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE, 1.2 NAME, 1.3 STREET ADDRESS, 1.4 CITY - ST - ZIP, 2.1 TITLE, 2.2 NAME, 2.3 STREET ADDRESS, 2.4 CITY - ST - ZIP, 3.1 TITLE, 3.2 NAME, 3.3 STREET ADDRESS, 3.4 CITY - ST - ZIP, 4.1 TITLE, 4.2 NAME, 4.3 STREET ADDRESS, 4.4 CITY - ST - ZIP, 5.1 TITLE, 5.2 NAME, 5.3 STREET ADDRESS, 5.4 CITY - ST - ZIP, 6.1 TITLE, 6.2 NAME, 6.3 STREET ADDRESS, 6.4 CITY - ST - ZIP

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.

SIGNATURE: *Robert J. Green* DATE: 1-17-97 DAYTIME PHONE: 904 808 8395

CR2E034 (9/96)