

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Feb 17 1998 8:00am
Secretary of State

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
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/11/1995

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

2. Principal Place of Business

21 56 SAN MARCO AVENUE

Suite, Apt. #, etc.

22 City & State

23 ST. AUGUSTINE, FL

24 Zip 32084

Country

2a. Mailing Address

26 56 SAN MARCO AVENUE

Suite, Apt. #, etc.

27 City & State

28 ST. AUGUSTINE, FL

29 Zip 32084

Country

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 Name GREEN, ROBERT J

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

56 SAN MARCO AVENUE

83

84 City ST. AUGUSTINE FL

85 Zip Code 32084

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 agree to the filing of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent, if applicable

PRESIDENT

2-2-98

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

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

TITLE VSTD ☐ DELETE

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

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PP ☒ Change ☐ Addition
1.2 NAME GREEN, ROBERT J OF ADDRESS

1.3 STREET ADDRESS 56 SAN MARCO AVE
1.4 CITY-ST-ZIP ST. AUGUSTINE FL 32084

2.1 TITLE VSPD ☒ Change ☐ Addition
2.2 NAME GREEN, JUDITH ANNE OF ADDRESS

2.3 STREET ADDRESS 56 SAN MARCO AVE
2.4 CITY-ST-ZIP ST. AUGUSTINE FL 32084

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT J. GREEN

2/2/98

Date

Daytime Phone # 0016740

CR2E034 (10/97)