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Mar 30 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 # **P97000016635 (9)**

1. Corporation Name
FREDERICK GARDENS, INC.

Principal Place of Business	Mailing Address
~~1620 W. UNIVERSITY AVE.,#4~~ ~~GAINESVILLE FL 32603~~	~~1620 W. UNIVERSITY AVE.,#4~~ ~~GAINESVILLE FL 32603~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/21/1997

2. Principal Place of Business	2a. Mailing Address
21 105 NW 16th St	26 PO Box 13116
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 Gainesville FL
24 Zip / 25 Country	29 Zip 32604 / 30 Country

4. FEI Number: 59-3433968 ☐ 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 (does not owe)

9. Name and Address of Current Registered Agent

COLLIER, NATHAN S
~~1620 W. UNIVERSITY AVE.,#4~~
GAINESVILLE FL 32603

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable): 105 NW 16th Street

83

84 City: **FL** 85 Zip Code

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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ NATHAN S. COLLIER 3/24/98
Signature, type or print name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	COLLIER, NATHAN S		1.2 NAME		
STREET ADDRESS	1620 W. UNIVERSITY AVE.,#4		1.3 STREET ADDRESS	105 NW 16th Street	
CITY-ST-ZIP	GAINESVILLE FL 32603		1.4 CITY-ST-ZIP		
TITLE	DST	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	WEBER, MARY-EVAN		2.2 NAME		
STREET ADDRESS	1620 W. UNIVERSITY AVE.,#4		2.3 STREET ADDRESS	105 NW 16th Street	
CITY-ST-ZIP	GAINESVILLE FL 32603		2.4 CITY-ST-ZIP		
TITLE	DV	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	SCHNOLL, MARC		3.2 NAME		
STREET ADDRESS	1620 W. UNIVERSITY AVE.,#4		3.3 STREET ADDRESS	105 NW 16th Street	
CITY-ST-ZIP	GAINESVILLE FL 32603		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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: Mary-Evan Weber MARY-EVAN 3/24/98 352/375-2152