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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000019296 (7)

THE GARDEN SPOT INC.

FILED May 05 1998 8:00am Secretary of State



Principal Place	e of Business	Mailing Addres	Mailing Address			
19808 LACEBARK PINE ROAD		13808 LACEBARK PINE ROAD				
ORLANDO FL 32832		ORLANDO FL 32832				DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified
						· · · · · · · · · · · · · · · · · · ·
O Oringinal Ci	lace of Business	2= Mailing Ada	droop.			02/25/1997 4. FEI Number Applied For
	IACE OF BUSINESS	— <u> </u>	2a. Mailing Address			
21 Suite, Apt.	# alo	26 Suite Ant	Suite, Apt. #, etc.			¢0 75 A485
	#, B (C.	_				5. Certificate of Status Desired Fee Required
22 City & State	a	City & State				
23	9	28				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip	т	Country		This corporation owes or has paid the current year Intangible
24	25	29	30			Personal Property Tax due June 30. X Yes No
24]	g. Name and Address of Curre					10. Name and Address of New Registered Agent
24	SHBURN, ROBERT S			81	Name	
	808 LACEBARK PINE ROAD				5	
ORLANDO FL 32832				82	Street A	Address (P.O. Box Number is Not Acceptable)
l or	ILMIEO IL JEUJE			83	-	
					<u> </u>	
ļ				84	City	FL 85 Zip Code
44 Pursuant	to the provisions of Sections 607.05	.02 apri 607 1508. Flor	rida Statutes, ti	he above	e-named o	
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						
agent, i am iamiliar with, and accept the colligations of, accilon 607.0005, mortida statutes						
SIGNATURE	Signature, typed or printed name of registered as	and title d applicable	(NOTE Flee	nistered Age	nt signature r	required when reinstating) DATE
12.		ND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD		DELETE	1.1 TITLE	·	Change Addition
NAME	ASHBURN, REBECCA J			1.2 NAME		
STREET ADDRESS	13808 LACEBARK PINE RO	AD		1.3 STREET	ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32832			1.4 CITY - S	T- ZIP	
TITLE	VSD		DELETE	2.1 TITLE		Change Addition
NAME	ASHBURN, ROBERT S			2.2 NAME		
STREET ADDRESS	13808 LACEBARK PINE RO	AD	1	2.3 STREET	ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32832	-		2. 4 CITY-5	ST-ZIP	
TITLE			DELETE	3.1 TITLE		Change Addition
NAME				3.2 NAME		
STREET ADDRESS				3.3 STREET	ADDRESS	
CITY-ST-ZIP				3.4. CITY-5		
TITLE			DEL ete	4.1 TITLE		Change Addition
NAME				4. 2 NAME		
STREET ADDRESS				4.3 STREET	ADDRESS	
CITY-ST-ZIP				4.4 CITY-S		
TITLE			DELETE	5.1 TITLE		Change Addition
NAME		_		5.2 NAME		
STREET ADDRESS				5.3 STREET	ADDRESS	
CITY-ST-ZIP				5.4 CITY-S		
TITLE		i [7]	DELETE	6.1 TITLE	1 44	Change Addition
NAME				6.2 NAME		
STREET ADDRESS				6.3 STREET	AUDBESS	
" "						
CITY-ST-ZIP		- 10 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	t a la Calla Calla b	6.4 CITY-S		d in Coation 110 07/3/(i) Florida Statutos I further partify that the information

• Increase coming man tree information supplied with this interpretation of the oxemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or suppliemental annual zeport is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the comporation or the received cyrfustee employeered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if cyclingd, or on an attact ment with an address.

NONATURE ALLOCA I PALLON

411 1 1 1

4/17-780-3213