

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Aug 09, 1999 8:00 am
Secretary of State

08-09-1999 90007 039 ***550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P98000074340

1. Corporation Name
 MARY'S ANTIQUE GARDEN, INC.



Principal Place of Business: 5319 SOUTH NICHOL STREET TAMPA FL 33611-4135
 Mailing Address: 5319 SOUTH NICHOL STREET TAMPA FL 33611-4135

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/25/1998

4. FEI Number: 59-3529205 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 the current year Intangible Personal Property: Yes No

2. Principal Place of Business: 21181 Old Spring Lake Rd, Suite, Apt. #, etc. City & State: Spring Lake, FL Zip: 34602 Country: USA

2a. Mailing Address: 21181 Old Spring Lake Rd, Suite, Apt. #, etc. City & State: Spring Lake, FL Zip: 34602 Country: USA

9. Name and Address of Current Registered Agent: DEGOOD, MARY E, 5319 SOUTH NICHOL STREET, TAMPA FL 33611-4135

10. Name and Address of New Registered Agent: 21181 Old Spring Lake Rd, Spring Lake, FL 34602

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D	DEGOOD, MARY E	1.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: DEGOOD, MARY E	5319 SOUTH NICHOL STREET	1.2 NAME:	
STREET ADDRESS: 5319 SOUTH NICHOL STREET	TAMPA FL 33611-4135	1.3 STREET ADDRESS: 21181 Old Spring Lake Rd	
CITY-ST-ZIP: TAMPA FL 33611-4135		1.4 CITY-ST-ZIP: Spring Lake, FL 34602	
TITLE: D	DEGOOD, GERALD L	2.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: DEGOOD, GERALD L	5319 SOUTH NICHOL STREET	2.2 NAME:	
STREET ADDRESS: 5319 SOUTH NICHOL STREET	TAMPA FL 33611-4135	2.3 STREET ADDRESS: 21181 Old Spring Lake Rd	
CITY-ST-ZIP: TAMPA FL 33611-4135		2.4 CITY-ST-ZIP: Spring Lake, FL 34602	
TITLE:		3.1 TITLE:	
NAME:		3.2 NAME:	
STREET ADDRESS:		3.3 STREET ADDRESS:	
CITY-ST-ZIP:		3.4 CITY-ST-ZIP:	
TITLE:		4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		4.2 NAME:	
STREET ADDRESS:		4.3 STREET ADDRESS:	
CITY-ST-ZIP:		4.4 CITY-ST-ZIP:	
TITLE:		5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		5.2 NAME:	
STREET ADDRESS:		5.3 STREET ADDRESS:	
CITY-ST-ZIP:		5.4 CITY-ST-ZIP:	
TITLE:		6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		6.2 NAME:	
STREET ADDRESS:		6.3 STREET ADDRESS:	
CITY-ST-ZIP:		6.4 CITY-ST-ZIP:	

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 E. DeGood DATE: 1-20-99 (352) 797-
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 1-20-99

CR2E034 (5/99)