


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

**FILED**  
**Feb 22, 1999 8:00 am**  
**Secretary of State**

02-22-1999 90122 045 \*\*\*150.00

<b>*PROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # S70868**  
1. Corporation Name  
**THE GARDENS OF TAMPA BAY INC.**



Principal Place of Business <b>1401 63RD TERR. SOUTH ST. PETERSBURG FL 33705</b>	Mailing Address <b>1401 63RD TERR. SOUTH ST. PETERSBURG FL 33705</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 36707 Laurel Oak Lane</b>		2a. Mailing Address <b>26 36707 Laurel Oak Lane</b>		3. Date Incorporated or Qualified <b>08/01/1991</b>	
Suite, Apt. #, etc. <b>22 Oade City, FL</b>		Suite, Apt. #, etc. <b>27 Oade City, FL</b>		4. FEI Number <b>59-3081751</b>	
City & State <b>23 33525 USA</b>		City & State <b>28 33525 USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>24</b>		Zip <b>29</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Country <b>25</b>		Country <b>30</b>		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>SEEMANN, JAMES 1401 63RD TERRACE SOUTH ST. PETERSBURG FL 33705</b>		10. Name and Address of New Registered Agent <b>81 Name Seemann, James 82 Street Address (P.O. Box Number is Not Acceptable) 36707 Laurel Oak Lane 83 Oade City FL 33525 84 City FL 85 Zip Code</b>	
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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 James P. Seemann **James P. Seemann** 1-6-99  
Signature, typed or printed 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 <b>DP</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>Same</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SEEMANN, JAMES</b>		1.2 NAME <b>Same</b>	
STREET ADDRESS <b>1401 63RD TERRACE SOUTH</b>		1.3 STREET ADDRESS <b>36707 Laurel Oak Lane</b>	
CITY-ST-ZIP <b>ST. PETERSBURG FL</b>		1.4 CITY-ST-ZIP <b>Oade City FL 33525</b>	
TITLE <b>DS</b>	<input type="checkbox"/> DELETE	2.1 TITLE <b>Same</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SEEMANN, CATHERINE</b>		2.2 NAME <b>Same</b>	
STREET ADDRESS <b>1401 63RD TERRACE SOUTH</b>		2.3 STREET ADDRESS <b>36707 Laurel Oak Lane</b>	
CITY-ST-ZIP <b>ST. PETERSBURG FL</b>		2.4 CITY-ST-ZIP <b>Oade City FL 33525</b>	
TITLE <b>V</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SEEMANN, MATTHEW</b>		3.2 NAME	
STREET ADDRESS <b>4726 1/2 3RD AVE NORTH</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>ST PETERSBURG FL</b>		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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, with all other like empowered.

SIGNATURE: James P. Seemann **James P. Seemann** 1-6-98 352-518-0083  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0380050

CR2E034 (11/98)