

196000000640

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

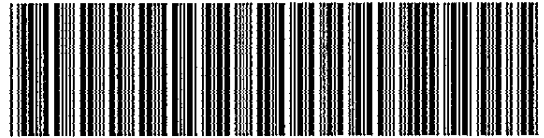
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600068302226

03/23/06--01020--004 **87.50

FILED
06 MAR 27 AM 10:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

✓
Renewal

196-640

MARCH 21, 2006

DIVISION OF CORPORATIONS
POST OFFICE BOX 6327
TALLAHASSEE, FLORIDA 32314

TO WHOM IT MAY CONCERN:

ENCLOSED YOU WILL FIND A COPY OF MY MARRIAGE CERTIFICATE.

I WOULD LIKE MY NAME CHANGED FROM:
CANDACE C. HOFFNER

TO READ:
CANDACE H. MADISON

I ALSO HAVE A CHANGE OF ADDRESS.

MY OLD ADDRESS WAS:

4500 CAPRON ROAD
TITUSVILLE, FLORIDA 32780

MY NEW ADDRESS IS:

4810 KEY LARGO DRIVE
TITUSVILLE, FLORIDA 32780

SHOULD YOU NEED ANY FURTHER INFORMATION OR ASSISTANCE IN THIS
MATTER, PLEASE DO NOT HESITATE TO CONTACT ME AT 321-268-8122.

THANK YOU,

A handwritten signature in cursive script that reads "Candace H. Madison". The signature is written in black ink and is positioned above the printed name.

CANDACE H. MADISON

Florida Department of State, Sue M. Cobb, Secretary of State
MARK RENEWAL APPLICATION

FILED
06 MAR 27 AM 10:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

January 30, 2006

CANDACE C HOFFNER
4500 CAPRON ROAD
TITUSVILLE, FL 32780

Mark Registered: ALOE ESSENCE & DESIGN OF 2 ALOE PLANTS & A BUTTE
Registration Number: T96000000640

Date Filed: 06/06/1996 Renewal Date: 06/06/2006 Class(es): 1-0005

Renewal Statement Pursuant to Section 495.071, Florida Statutes : (Below you must state the mark is still in use within the state of Florida or the reason for its nonuse.)

THE MARK IS STILL IN USE IN THE STATE OF FLORIDA

If applicant is a corporation, enter state of incorporation: _____

I, CANDACE HOFFNER MADISON, being sworn, depose and say that I am the owner or that I am authorized to sign on behalf of the owner of the trademark and/or service mark referenced herein and make this application and verification on my/the owner's behalf. I further acknowledge that I have read the application and know the contents thereof and that the facts stated herein are true and correct.

CANDACE HOFFNER MADISON

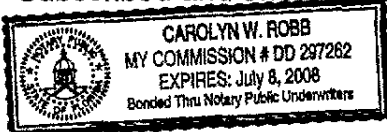
Typed or Printed Name of Owner

Signed

Candace Hoeffner Madison

Owner's Signature or Authorized Person's Signature

Subscribed and sworn to before me this 7th day of March, 2006.



Carolyn W Robb
Signature of Notary Public

(Notary Seal)

My commission expires: July 8, 2008

See reverse side for instructions.

CR2E005 (7-91)

Department of Health - Vital Statistics
STATE OF FLORIDA
MARRIAGE RECORD
TYPE IN UPPER CASE
USE BLACK INK

This license not valid unless seal of Clerk,
Circuit or County Court, appears thereon.

Scott Ellis

Clerk Of Courts, Brevard County

#Names: 2

Rec: 0.00

Serv: 0.00

Excise: 0.00

Int Tax: 0.00

#Pgs: 1

Trust: 0.00

Deed: 0.00

Mtg: 0.00

(STATE FILE NUMBER)



CFN:2003001798

01-03-2003 04:23 pm

OR Book/Page: 4782 / 3591

200204041

(APPLICATION NUMBER)

APPLICATION TO MARRY

1. GROOM'S NAME (First, Middle, Last) O. DEAN MADISON			2. DATE OF BIRTH (Month, Day, Year) 12/12/1936			
3a. RESIDENCE - CITY, TOWN, OR LOCATION TITUSVILLE		3b. COUNTY BREVARD		3c. STATE FLORIDA		
5a. BRIDE'S NAME (First, Middle, Last) CANDACE CURTIS HOFFNER			5b. MAIDEN SURNAME (If different) CURTIS		6. DATE OF BIRTH (Month, Day, Year) 09/26/1950	
7a. RESIDENCE - CITY, TOWN, OR LOCATION TITUSVILLE		7b. COUNTY BREVARD		7c. STATE FLORIDA		
				8. BIRTHPLACE (State or Foreign Country) CONNECTICUT		

WE THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH FOR HIMSELF OR HERSELF, STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US. WE HEREBY APPLY FOR LICENSE TO MARRY

9. SIGNATURE OF GROOM (Sign full name using black ink)

O. Dean Madison

10. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE)

12/26/2002

11. TITLE OF OFFICIAL
Deputy Clerk

12. SIGNATURE OF OFFICIAL (Use black ink)

Shirley Zelle

13. SIGNATURE OF BRIDE (Sign full name using black ink)

Candace C. Hoffner

14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE)

12/26/2002

15. TITLE OF OFFICIAL
Deputy Clerk

16. SIGNATURE OF OFFICIAL (Use black ink)

Shirley Zelle

LICENSE TO MARRY

AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. THIS LICENSE MUST BE USED ON OR AFTER THE EFFECTIVE DATE AND ON BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID.

17. COUNTY ISSUING LICENSE Brevard County		18. DATE LICENSE ISSUED 12/26/2002		18a. DATE LICENSE EFFECTIVE 12/29/2002		19. EXPIRATION DATE 02/24/2003	
20a. SIGNATURE OF COURT CLERK OR JUDGE <i>Scott Ellis</i>				20b. TITLE Clerk of Circuit Court		20c. BY D.C. gbz	

CERTIFICATE OF MARRIAGE

I HEREBY CERTIFY THAT THE ABOVE NAMED GROOM AND BRIDE WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA.

21. DATE OF MARRIAGE (Month, Day, Year) 1-2-03		22. CITY, TOWN, OR LOCATION OF MARRIAGE TITUSVILLE FL 32780	
23a. SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink) <i>Walter Eldridge</i>		23c. ADDRESS (Of person performing ceremony) 4820 Key Largo Dr. W.	
23b. NAME AND TITLE OF PERSON PERFORMING CEREMONY (Or notary stamp) WALTER ELDRIDGE MINISTER		24. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>Jan E. H. St.</i>	
		25. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>Shirley Zelle</i>	



4/3/03 *Shirley Zelle*