

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathani
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V65045** (9)

1. Corporation Name

LIVING GARDEN, INC.



Principal Place of Business

**406 S MAGRUDER AVE
ORLANDO FL 32805**

Mailing Address

**406 S MAGRUDER AVE
ORLANDO FL 32805**

2. Principal Place of Business

2a. Mailing Address

21 **406 S John Young Pkwy**
State, Apt. #, etc.

26 **406 S John Young Pkwy**
State, Apt. #, etc.

22 City, State
Orlando FL

27 City, State
Orlando FL

23 Zip
32805

28 Zip
32805

24 Country
Orange

29 Country
Orange

9. Name and Address of Current Registered Agent

**RAYMOND, LIONEL J
406 S MAGRUDER AVE
ORLANDO FL 32805**

John Young Pkwy

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0507 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

Signature of person making this statement (must be printed below)

Signature of Registered Agent (must be printed below)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PSD	☐ DELETE
NAME	RAYMOND, LIONEL J	
STREET ADDRESS	406 S MAGRUDER AVE	John Young Pkwy
CITY-STATE-ZIP	ORLANDO FL	
TITLE	T	☐ DELETE
NAME	RAYMOND, LIONEL J	
STREET ADDRESS	406 S MAGRUDER AVE	John Young Pkwy
CITY-STATE-ZIP	ORLANDO FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 named, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lionel J. Raymond
LIONEL J. RAYMOND

H-8-96

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CR2E034 (12/95)