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

Block 12 or Block 13 if changed

FILED PROFIT May 01 1998 8:00am FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (9)V65045 LIMING GARDEN, INC. Principal Place of Business Mailing Address 406 S JOHN YOUNG PKWY 4085 JOHN YOUNG PKWY ORLANDO FL 32805 ORLANDO FL 32805 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/11/1992 Principal Place of Busines Mailing Address 4. FEI Number Applied For 406 S, <u>59-3145377</u> Not Applicable Suite, Apt. #, etc. Suite, Apt. #. etc \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Countr 8. This corporation owes or has paid the current year Intangible Un Yes O RAYE ☑ No Personal Property Tax due June 30. 24 29 Name and Address of New Registered Agent Name and Address of Carrent Registered Agent Name RAYMOND, LIONEL J 406 S JOHN YOUNG PKWY 82 Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32805 83 84 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS DELETE Change __ Addition TITLE 1.1 TITLE RAYMOND, LIONEL J NAME 1.2 NAME **M**JOHN YOUNG PKWY 1.3 STREET ADDRESS STREET ADDRESS ORLANDO FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition Change TITLE 2111118 RAYMOND, LIONEL J NAME ioos John Young Pkwy 2.3 STREET ADDRESS STREET ADDRESS **ORLANDO FL** CITY-ST-ZIP 2. 4 CITY-ST-ZIP Addition Change TITLE 3.1 11116 NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP Change Addition TITLE 4.1 TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY - ST- ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5 4 CITY-ST-ZIP Addition DELETE ☐ Change TITLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-S1-ZIP 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 trusting empowered to execute this roport as required by Chapter 607, Florida Statutes; and that my name appears in

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