

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **H47898**

(2)

1. Corporation Name

HEAVEN SCENT FLOWERS, INC.



Principal Place of Business

**27515 OLD 41 RD.
P. O. BOX 1837
BONITA SPRINGS FL 33959-1837
US**

Mailing Address

**27517 OLD 41 RD.
P. O. BOX 1837
BONITA SPRINGS FL 33959-1837
US**

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**SIMS, J. REX
28125 MANGO DR., SW
BONITA SPRINGS FL 33959**

3. Date Incorporated or Qualified

03/20/1985

3a. Date of Last Report

04/04/1995

4. FET Number

59-2507933

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 has liability for intangible tax under s. 199.032,
Florida Statutes. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

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 607.0102 and 607.1503, 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, hereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0305, Florida Statutes.

SIGNATURE

Signature of person who is authorized to sign this statement

Signature of Agent for Change of Registered Office or Agent

DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PD

☐ DELETE

NAME

SIMS, J. REX

STREET ADDRESS

28125 MANGO DR. SW

CITY-STATE-ZIP

BONITA SPRINGS FL

TITLE

STD

☐ DELETE

NAME

SIMS, PEGGY

STREET ADDRESS

28125 MANGO DR. SW

CITY-STATE-ZIP

BONITA SPRINGS FL

TITLE

VD

☐ DELETE

NAME

SAYGER, SUZANNE

STREET ADDRESS

10221 SANDY HOLLOW LANE

CITY-STATE-ZIP

BONITA SPRINGS 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

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)(a), Florida Statutes. I further certify that the information indicated on this annual report or supplement 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 registered or deemed-incorporated entity 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 to this filing.

SIGNATURE:

J. Rex Sims
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 28-96 941-992-5683
DATE AND TELEPHONE NUMBER OF AGENT FOR CHANGE OF REGISTERED OFFICE OR AGENT

CR2E034 (12/95)