SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **P94000002905 (5)**

1. Corporation Name
CLERMONT FLORIST, INC.

Principal Place of Business
P.O. BOX 1072
MINNEOLA FL 34755

Mailing Address
P.O. BOX 1072
MINNEOLA FL 34755

3. Date Incorporated or Qualified: 01/03/1994
3a. Date of Last Report: 05/30/1995

2. Principal Place of Business — 21
2a. Mailing Address — 26: 1203 W Hwy 50
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28: Clermont, Fl
Zip — 24
Country — 25
Zip — 29: 34711
Country — 30: Lake

4. FEI Number: 65-0555066 — 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

9. Name and Address of Current Registered Agent
PEARCE, MICHAEL
16246 LAKESHORE DRIVE
CLERMONT FL 34711

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 607.0502 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: Kelly Goss — Kelly Goss — 6/29/96
Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent's signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	☑ DELETE
NAME	HEINE, RAMONA	
STREET ADDRESS	4974 WAVERLY WOODS TERR.	
CITY-ST-ZIP	LAKE WORTH FL 33463	
TITLE	D	☑ DELETE
NAME	HEINE, CHRIS	
STREET ADDRESS	4974 WAVERLY WOODS TERR.	
CITY-ST-ZIP	LAKE WORTH FL 33463	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	☑ Change ☐ Addition
1.2 NAME	Pamela Pearce	
1.3 STREET ADDRESS	16246 Lakeshore Dr.	
1.4 CITY-ST-ZIP	Clermont, FL 34711	
2.1 TITLE	V President	☑ Change ☐ Addition
2.2 NAME	Kelly Goss	
2.3 STREET ADDRESS	13125 Plum Lake Cr.	
2.4 CITY-ST-ZIP	Clermont, Fl 34711	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Kelly Goss — 6/29/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #