

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

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4 . . PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS

FILED

97 AUG -8 AM 9:56

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DOCUMENT # P95000048795 (5)
1. Corporation Name
GENEVA'S WILDFLOWER, INC.

Principal Place of Business 264 N. INDIAN AVE. ENGLEWOOD FL 34223	Mailing Address 264 N. INDIAN AVE. ENGLEWOOD FL 34223
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 06/22/1995	3a. Date of Last Report 02/27/1996
4. FEI Number 65-0591401	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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent
**DUNKIN, DAVID A
170 WEST DEARBORN STREET
ENGLEWOOD FL 34223-3290**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	NAME
STREET ADDRESS	CITY - ST - ZIP
☒ DELETE	
PD	SCHAFFER-DESROCHERS, JUDITH
P.O. BOX 1004	ENGLEWOOD FL 34295
☐ DELETE	
STD	ANDERSON, JAMES L
P.O. BOX 1004	ENGLEWOOD FL 34295
☐ DELETE	
☐ DELETE	
☐ DELETE	
☐ DELETE	
☐ DELETE	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	PD
2.3 STREET ADDRESS	ANDERSON, JAMES L.
2.4 CITY - ST - ZIP	P.O. BOX 1004
3.1 TITLE	☒ Change ☐ Addition
3.2 NAME	PD
3.3 STREET ADDRESS	ANDERSON, JAMES L.
3.4 CITY - ST - ZIP	1818 WHISPERING PINES CIR.
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	ENGLEWOOD, FL 34223
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	400002265214-- 9
5.3 STREET ADDRESS	-08/12/97--01097--009
5.4 CITY - ST - ZIP	****165.00 ****165.00
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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. 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 changed, or on an attachment with an address.

SIGNATURE _____ 7/22/97 941-471-0715

CR2E034 (4/97)

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7/23/97

DEAR Sir,

ON CALLING YOUR OFFICE
AFTER RECEIVING THE 2ND NOTICE
ON THE CORP. THIS CORP WENT
THRU A DIVORCE AND I HAVE full
CONTROL OF THE CORP. I DID NOT
RECEIVE THE FIRST NOTICE OR I
WOULD HAVE SENT IT IN AT THAT
time. THE LADY I TALKED TO AT
YOUR OFFICE SAID TO SEND IN \$165.00
AND THIS LETTER.

Thank you

James L. Anderson