

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

FILED
May 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 160750 (6)

1. Corporation Name
GAINESVILLE FLORIST, INC.

Principal Place of Business
119 N MAIN ST
GAINESVILLE FL 32601-5321

Mailing Address
119 N MAIN ST
GAINESVILLE FL 32601-5321

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/07/1950	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-0608004	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
JOHNSON, WILLIAM A 119 N. MAIN ST. GAINESVILLE FL 32601		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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
STREET ADDRESS	119 N MAIN ST	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP
CITY - ST - ZIP	GAINESVILLE, FL 0	2.1 TITLE	2.2 NAME
TITLE	DST	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP
NAME	JOHNSON, RAYE D	3.1 TITLE	3.2 NAME
STREET ADDRESS	119 N MAIN ST	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP
CITY - ST - ZIP	GAINESVILLE, FL 0	4.1 TITLE	4.2 NAME
TITLE		4.3 STREET ADDRESS	4.4 CITY - ST - ZIP
NAME		5.1 TITLE	5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS	5.4 CITY - ST - ZIP
CITY - ST - ZIP		6.1 TITLE	6.2 NAME
TITLE		6.3 STREET ADDRESS	6.4 CITY - ST - ZIP
NAME			
STREET ADDRESS			
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 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:  4/28/98 352-332-5381

CR2E034 (10/97)