FILED

2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: <

Feb 13, 2002 8:00 am Secretary of State DOCUMENT # 194489 1. Entity Name 02-13-2002 90178 020 ***158.75 HALL'S PENSACOLA WHOLESALE FLORIST, INC. Principal Place of Business Mailing Address 711 WEST CERVANTES P.O. BOX 897 PENSACOLA FL 32501 THEODORE AL 36590 3. Mailing Address 2. Principal Place of Business 711 W Cervantes ST Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Pensacola 59-0810605 Not Applicable Country USA Zip Zip Country \$8.75 Additional 32501 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ROGERS, HOWARD Street Address (P.O. Box Number is Not Acceptable) 711 WEST CERVANTES STREET PENSACOLA FL 32501 City Zip Code 8. The above named entity symmits this statement for the pyrpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE/ (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. President/Treasurer ☐ Addition TITLE Change TITLE ☐ Delete Rogers, Howard NAME ROGERS, HOWARD STREET ADDRESS STREET ADDRESS 711 W CERVANTES ST CITY-ST-ZIP CITY-ST-7IP PENSACOLA FL Vice-Pres/Secretary Addition ☐ Change TITLE ☐ Delete TITLE S Rogers, Deanna 711 W'Cervantes ST NAME NAME HALL, ANNETTE W. STREET ADDRESS STREET ADDRESS 12 JACKSON OAKS DRIVE CITY-ST-ZIP CITY-ST-ZIP DAPHNE AL ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME HALL, LEROY B. STREET ADDRESS STREET ADDRESS 12 JACKSON OAKS CITY-ST-ZIP CITY-ST-ZIP DAPHNE AL Addition Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.